

M-121  
53 9001MOFSOVITZ  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9001  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rose Mofletor Mofrovitz

2. DATE  
OF  
DEATH

Oct 11 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5319 First St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

5319 First St

c. Length of stay in Baltimore

55

Yrs.  
Moes.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1887

9. AGE (in years  
last birthday)

66

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

Goldman

14. MOTHER'S MAIDEN NAME

Sophie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If Yes, give war or date of service)

10. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Jeanelle Hasherman 5319 First St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis

DUE TO

30 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Chronic Coronary Insufficiency

DUE TO

2 years

(C) Hypertension

5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1948, to Oct. 11, 1953, that I last saw the deceased alive on Oct. 11, 1953, and that death occurred at 2:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. H. Schum

23B. ADDRESS

M.D. 1404 Garden APT.

23C. DATE SIGNED

10/11/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 11/53

24C. NAME OF CEMETERY OR CREMATORY

Liberty Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 11 1953

H. H. Schum

J. H. Schum

1624 W. North Ave

1008 33

1008 33



M-632  
53 9002BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9002

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elison Lawrence Murdoch

2. DATE  
OF  
DEATH

Oct 9 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Cecil Apts  
1113 N Eutaw St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

1113 N Eutaw St (Cecil Apts)

c. Length of stay in Baltimore

Life Yrs.  
Mos.  
Days

5. SEX

7

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar 18 1875

9. AGE (In years  
last birthday)

78

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balt., Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Murdoch

14. MOTHER'S MAIDEN NAME

Mary H Law

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

Mildred Murdoch Same

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Arterio Sclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

Cerebral Hemorrhage 5 years ago

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

5 years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Tu

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1946, to Oct. 9th, 1953, that I last saw the  
deceased alive on Oct 10th, 1953, and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Chaland

23B. ADDRESS

15 E. Pratt St

23C. DATE SIGNED

Oct 10 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 12 1953

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 11 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry J. Anderson Sons Co 4905 York Rd

ADDRESS

5008

87

5008

87



53 9003

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9003

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)*Alize J. Waskey*2. DATE  
OF  
DEATH*Oct 10<sup>th</sup> 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2009 Sinclair Lane*4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

*Md*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

C. CITY OR TOWN

*Balto*(If outside corporate limits, write RURAL and give  
township)*8-05*

C. Length of stay in Baltimore

*70 Yrs*Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

*2009 Sinclair Lane*

5. SEX

*Female White*

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

*Widow*

8. DATE OF BIRTH

*Aug 3rd 1867*9. AGE (In years  
last birthday)*86*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Harpers Ferry W. Va*12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*John H. Lenox*

14. MOTHER'S MAIDEN NAME

*Mary E. Colerman*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. B. Ryall 2009 Sinclair Lane*18. *452.1*

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

*Cardiac Decompensation*

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH*1 week*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

*Arteriosclerosis*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.*Generalized Anasarca**4 Wks.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?  
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from *Jan 1952* to *Oct 10*, 1953, that I last saw the  
deceased alive on *Oct 9*, 1953, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

23A. SIGNATURE

*L. J. Klemes*

M. D.

23B. ADDRESS

*2623 E. Mount St*

23C. DATE SIGNED

*10/10/53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

*Burial Oct 12 1953*

24C. NAME OF CEMETERY OR CREMATORY

*Miss Methodist Mem. Savage Md*

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Huntington Williams*

25. FUNERAL DIRECTOR

ADDRESS

*1901-236 Patterson Park**ave*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

28 MAR 1911

9623  
W. Belines E. Monument St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

9004

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

53

9004

1. NAME OF DECEASED  
(Type or Print)

Baby girl Cappalletti

2. DATE  
OF  
DEATH

10-9-53

3. PLACE OF DEATH:

Mercy Hospital, Balt. MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTION location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

c. Length of stay in Baltimore

1 day

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

521 N. Curley St.

5. SEX

Fem.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

newborn

8. DATE OF BIRTH

10-8-53

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days: Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Cappalletti

14. MOTHER'S MAIDEN NAME

Maryland Kathleen Michum

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) prematurity

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-8 1953, to 10-9 1953, that I last saw the  
deceased alive on 10-9 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Risa Scheller

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10-9-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/12/53

24C. NAME OF CEMETERY OR CREMATORY

New Catholic Cem. Baltimore

24D. LOCATION (City, town, or county)

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St.

OCT 11 1953

VS 150

Per N. Lewis

MOD

SA

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MOD

SA

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53 9005

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9005  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>EUGENE LACOSTA</b>			2. DATE OF DEATH <b>September 22, 1953</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b>			B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Maryland General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>			D. STREET ADDRESS (If rural, give location) <b>925 Madison Avenue</b>		
c. Length of stay in Baltimore			Yrs. Mos. Days					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday) <b>45</b>	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U</b>		10B. KIND OF BUSINESS OR INDUSTRY	13. FATHER'S NAME <b>N</b>		14. MOTHER'S MAIDEN NAME <b>N</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year for dates of service) <b>O</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>N</b>		ADDRESS <b>O</b>			

18. <b>002X</b> <b>W</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary tuberculosis</b> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <b>W</b> <b>N</b>	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection &amp; Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William Williams</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED <b>Sept. 23, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 1 1953</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Huntington Williams</i>	ADDRESS <i>Huntington Williams</i>
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100

100

100

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100

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100

100

100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 9006

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9006

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERT JANNEY

2. DATE OF DEATH Sept. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1321 N. Calvert St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

59

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

U

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

K

14. MOTHER'S MAIDEN NAME

N

K

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure

DUE TO Arteriosclerotic cardiovascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachings, M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED Sept. 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL OCT 2, 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 3007  
Registered No.

BIRTH NO. 53 3007		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 3007 Registered No.	
1. NAME OF DECEASED (Type or Print) RICHARD DODSON			2. DATE OF DEATH September 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01		
D. STREET ADDRESS (If rural, give location) 603 W. Franklin Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) 68	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY? K
13. FATHER'S NAME N K		14. MOTHER'S MAIDEN NAME N K		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) O	
16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS O	
18. 581.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism (A) <del>XXXXXX</del> INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty metamorphosis of the liver (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Joachim		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) 1953		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR OCT 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	

28 0000

DEPARTMENT OF HEALTH  
BUREAU OF PUBLIC HEALTH

1900

ORDER BY TOWN

1900

1900

1900



D-500

53 9008

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9008

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emily Oliver Dunn

2. DATE  
OF  
DEATH

Oct. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3915 Canterbury Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-01

HOSPITAL OR

INSTITUTION

c. Length of stay in Baltimore

55

Yrs.  
Mees.  
Days

D. STREET ADDRESS (If rural, give location)

3915 Canterbury Rd.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

Widow

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Gustave Shiff

14. MOTHER'S MAIDEN NAME

Margaret Colt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 450.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Immunization - age 90

2 wks -

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis &amp; anaemia

20+ yrs.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 1, 1940, to Oct. 10, 1953, that I last saw the  
deceased alive on Oct. 9, 1953, and that death occurred at 10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Charlotte McCarthy

M. O.

23B. ADDRESS

2919 St. PAUL St.

23C. DATE SIGNED

Oct. 10, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

BURIAL

Oct. 11, 1953

GREEN MOUNT

BALTIMORE

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

OCT 11 1953

Huntington Williams

John O. Mitchell

1900 Eutaw Pl.



E-252

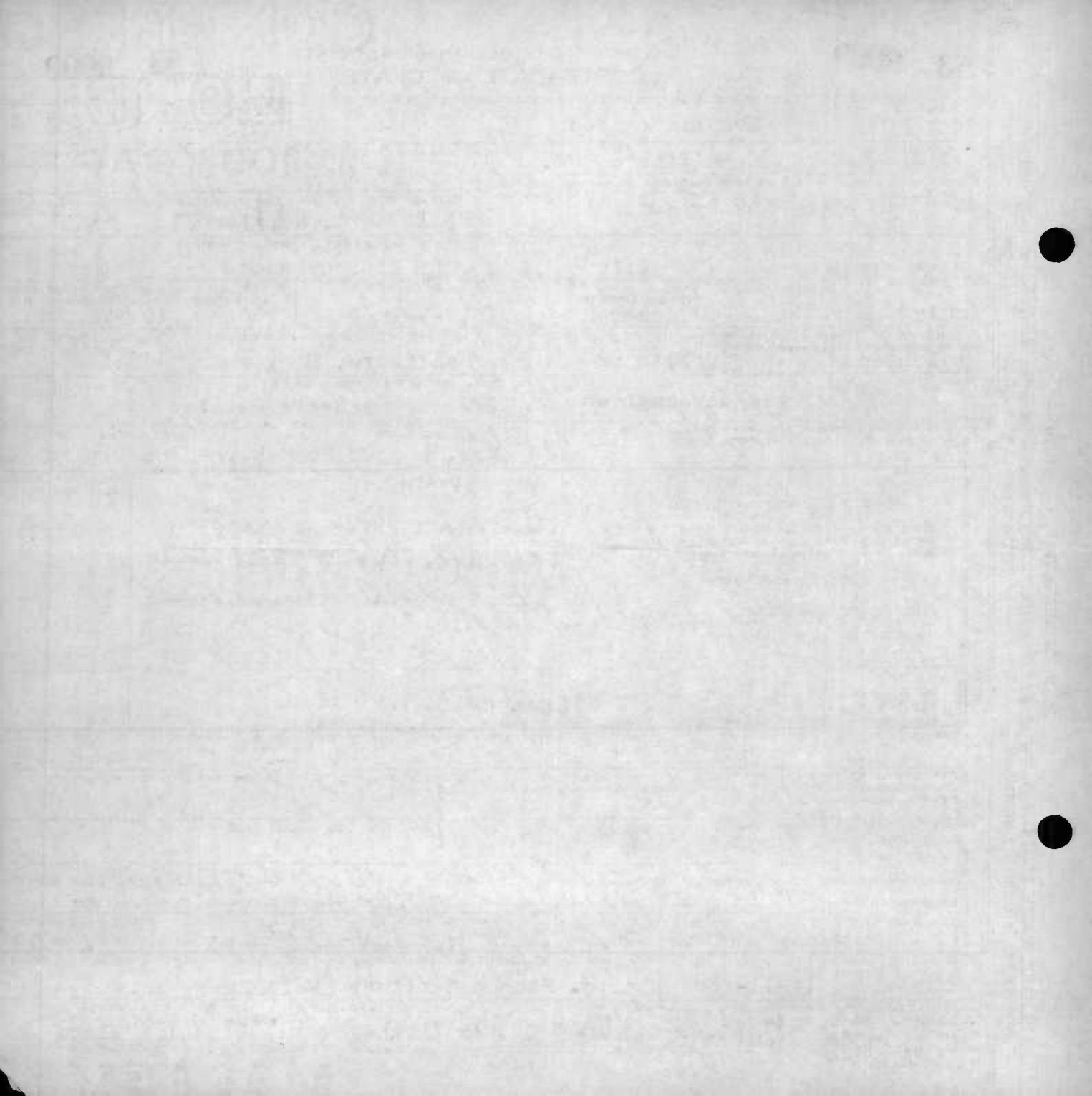
53 9009

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9009

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Lee Eichengreen</b>			2. DATE OF DEATH <b>Oct. 8, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Md.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>3306 Pinkney Road</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland 27-20</b>		
c. Length of stay in Baltimore <b>life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3306 Pinkney Road</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>12-1-1867</b>	9. AGE (In years, last birthday) <b>85</b>	If Under 1 Year Months: Days <b>10 7</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>clothing</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Isaac Eichengreen</b>			14. MOTHER'S MAIDEN NAME <b>Babette Heisler</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>unknown</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mrs. Kemper Rosenberg-3306 Pinkney RD</b>		
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardiac Decompensation</b> DUE TO <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES <b>Generalized Arteriosclerosis</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prostatism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov. 25, 1941</b> , to <b>Oct 8, 1953</b> , that I last saw the deceased alive on <b>Oct 7, 1953</b> and that death occurred at <b>11:45 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Louis K. Blum, M.D.</b>		23B. ADDRESS <b>2310 Eutaw Place</b>		23C. DATE SIGNED <b>10/10/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>10-11-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Hebrew Cemetery Baltimore, Md.</b>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <b>David R. Martin</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			



13-400

53 9010

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9010

1. NAME OF DECEASED (Type or Print) <i>Gloss Tipson Ball</i>				2. DATE OF DEATH <i>Oct 9, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>New York</i> B. COUNTY <i>V-29</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Richard Park</i>			
C. Length of stay in Baltimore <i>D.O.A.</i>				D. STREET ADDRESS (If rural, give location) <i>58 Quaker Road</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 30, 1879</i>		9. AGE (In years last birthday) <i>74</i>	If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Muskegon, Michig.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Daniel Tipson</i>				14. MOTHER'S MAIDEN NAME <i>Agnes Piper</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>373-24-4177</i>		17. INFORMANT <i>Comm. H. P. Knicker</i> ADDRESS <i>810 East Road Glen Burnie</i>			
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Atherosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardio-Vascular Dis.</i>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 1952</i> to <i>Oct 1953</i> , that I last saw the deceased alive on <i>10-6</i> , 19 <i>53</i> and that death occurred at <i>8:40</i> p.m., from the causes and on the date stated above.							
23A. SIGNATURE <i>Charles R. McDonald</i> M.D.				23B. ADDRESS <i>Glen Burnie Md</i>		23C. DATE SIGNED <i>10-10-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 14, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Land Rapids, Michigan</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Hillman</i>		25. FUNERAL DIRECTOR <i>W. J. Light</i>		ADDRESS <i>Glen Burnie Md.</i>	

MEDICAL CERTIFICATION





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635

53 9011

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9011  
Registered No.

BIRTH NO. 53-15360		1. NAME OF DECEASED (Type or Print) <b>BARBARA ANN MARTIN</b>		2. DATE OF DEATH <b>10/10/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>14-01</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1610 Bolton St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1610 Bolton St.</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>July 4, 1953</b>	9. AGE (in years last birthday) <b>3</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>	
13. FATHER'S NAME <b>George W. Martin</b>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Geo. W. Martin</b> ADDRESS <b>1610 Bolton St.</b>	

18. **491x**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) **BRONCHO PNEUMONIA**  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **PARTIAL Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. Fisher**23B. CHIEF MEDICAL EXAMINER... ☒ ASSISTANT MEDICAL EXAMINER... ☐ M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED **10/11/53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR  
**Oct 11 1953**REGISTRAR'S SIGNATURE  
**Huntington Williams**25. FUNERAL DIRECTOR  
**Wm. Cook Inc.**ADDRESS  
**1217 St. Paul St.**

100 52

100 52

100 52

E-640

53 9012

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9012

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George B. H. Eyerley

2. DATE  
OF  
DEATH

10/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 20677 Monument

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

m.

n.

Single

8. DATE OF BIRTH

10/10/1883

9. AGE (In years last birthday)

70

10. Under 1 Year 11. Under 24 Hours

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bankkeeper

10B. KIND OF BUSINESS OR INDUSTRY

apt. Group

13. FATHER'S NAME

Geo H. Eyerley

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary A. McManus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr E. Cassagno Med Dir

18. 331X and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Cerebro-vascular accident

DUE TO

(B) Generalized atherosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to 10/10, 1953, that I last saw the deceased alive on August, 1953, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Blach M. D.

23B. ADDRESS

101 E. Biddle St

23C. DATE SIGNED

10/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/13/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Red Bank

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 11 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. O. J. Pahey &amp; Sons

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1915

CAUSE OF DEATH

1300

53 9013

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9013

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Devlin, Christopher Francis

2. DATE  
OF  
DEATH

October 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

36 yr.

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

White

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Policeman

Ret.

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City

13. FATHER'S NAME

Henry Devlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Ann Woods

17. INFORMANT

ADDRESS

Mrs. Rosetta M. Devlin, 5518 Midwood

18. 260 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(A) Diabetic acidosis

DUE TO

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

(B) Diabetes mellitus

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Congestive heart failure; Coronary artery disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 26 19 53 to October 10, 19 53 that I last saw the deceased alive on October 10 19 53, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Magie C. Layne

23B. ADDRESS

M. D.

1100 N. Caroline Street

23C. DATE SIGNED

October 10, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk

24D. LOCATION (City, town, or county)

Elkridge, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5306 Harford Road.

1111

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

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53 9014

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9014

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Miss Theresa C. Sellmayer

2. DATE  
OF  
DEATH Oct. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

1729 East 33rd Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1729 East 33rd Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Dec. 14, 1908

9. AGE (In years  
last birthday)

44

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Sellmayer

14. MOTHER'S MAIDEN NAME

Catherine Von Rintel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Victor Von Rintel, 1729 E. 33rd

18.

260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/53, 19, to 10/18/53, 19, that I last saw the  
deceased alive on 10/15/53, 19, and that death occurred at 12:13 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 11 1953

Huntington Williams, Leonard J. Ruck, 5305 Harford Rd.

Dr. Houck -  
North & Appleton  
313 N. Paca  
2 P.M. - 6 P.M.

53 9015

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9015  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MARY K. REYERSON</b>		2. DATE OF DEATH <b>10/9/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>6028 Old Harford Rd</b> B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Beech Hill Nursing Home</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1749 Cliftview Avenue</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 31, 1884</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>69</b>
13. FATHER'S NAME <b>Bernard Schonhoff</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Sophia Fy</b>	
17. INFORMANT <b>Mr. Theodore C. Reyerson, Cliftview</b>		ADDRESS <b>1749</b>	
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Arterio Sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 YRS</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>HEMIPLEGIA - RIGHT</b>		DUE TO <b>9/13/53</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO <b>PULMONARY EDEMA</b>	
19A. DATE OF OPERATION <b>NONE</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1952</b> , 19, to <b>10/9/53</b> , 19, that I last saw the deceased alive on <b>10/9/53</b> , 19, and that death occurred at <b>2:50 PM</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Walter E. Kargin</b>		23B. ADDRESS <b>4331 Harford Rd</b>	
23C. DATE SIGNED <b>10/9/53</b>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-12-53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 11 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>Leonard J. Ruck</b>		ADDRESS <b>5305 Harford Rd.</b>	



K-155  
53 9016BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9016  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kaufman, Frederick H.

2. DATE  
OF  
DEATH October 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
LOCATION

St. Joseph's Hospital

C. Length of stay in Baltimore Life  
Yrs. Mos. Days

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Lt. Fire Dept.10B. KIND OF BUSINESS OR INDUSTRY  
Baltimore City Fire Department

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
Yes, no or unknown No None16. SOCIAL SECURITY NO.  
None14. MOTHER'S MAIDEN NAME  
Unknown17. INFORMANT ADDRESS  
Mrs. Mary E. Kaufman-2010 E. Madison St.

18. 154X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of rectum

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

October 1, 1953

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of rectum, grade 2

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 24 1953 to October 8, 1953, that I last saw the deceased alive on October 8 1953, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

M. D.

1400 N. Caroline Street

23C. DATE SIGNED

Oct. 8, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-12-1953

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 11 1953

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED BY THE DEPARTMENT OF JUSTICE

RECEIVED BY THE DEPARTMENT OF JUSTICE



FJ 175541

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9017

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert Wakefield

2. DATE  
OF DEATH 10-9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3010 East Monument Street # 15

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 25, 1934

9. AGE (In years  
last birthday)

19

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Albert Wakefield

14. MOTHER'S MAIDEN NAME

Mary Pinkus

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Ave. (records)

18. 057.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Meningocele Bacteriemia with Meningitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Waterhouse-Friderichsen

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9-1953, to 10-9-1953 that I last saw the  
deceased alive on 10-9-1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Adams, M.D.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-9-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 12, 1953.

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Eastern Ave.,

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. P. Adams, M.D.

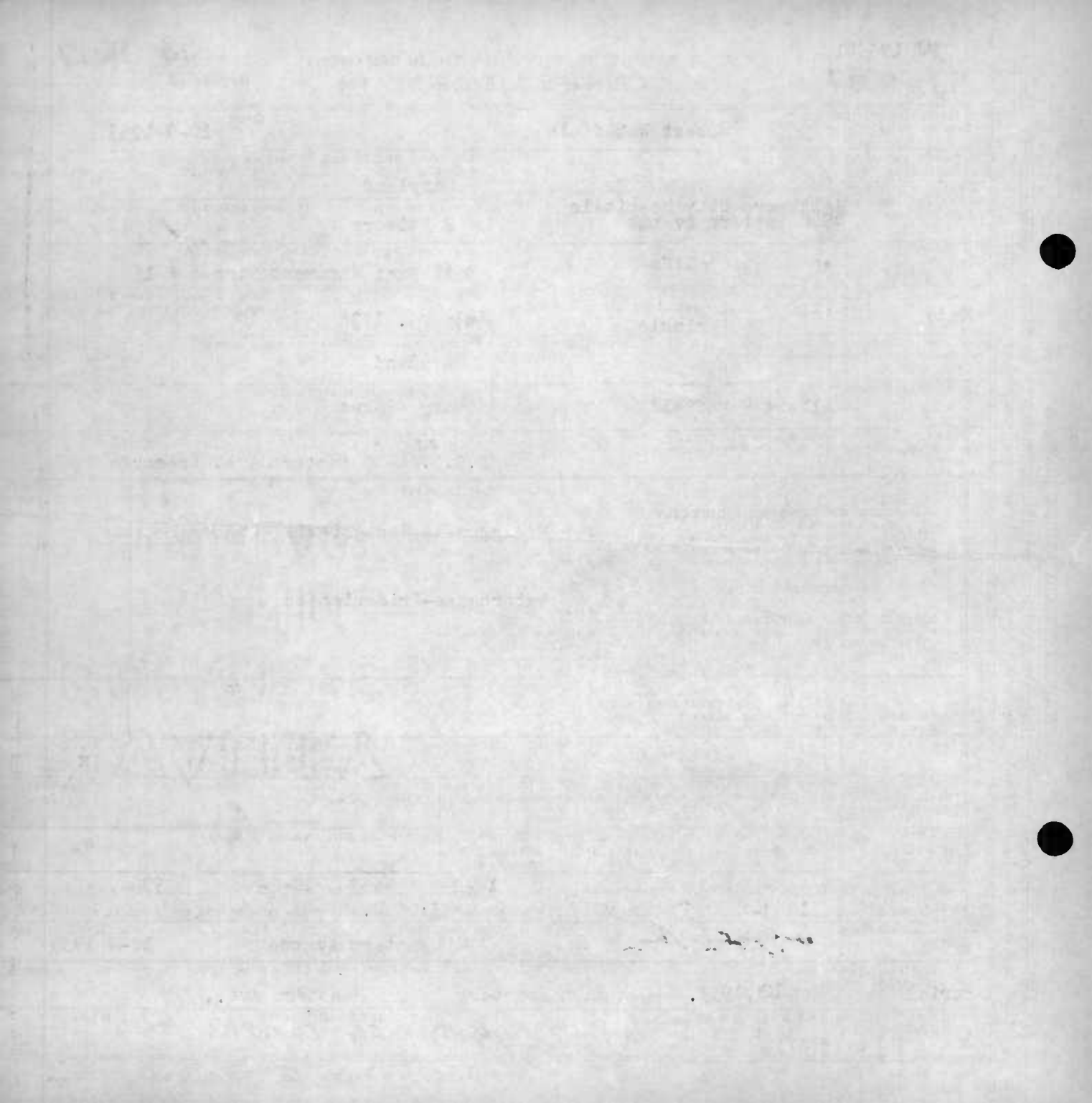
25. FUNERAL DIRECTOR

SHOMONES FUNERAL HOME

ADDRESS

2601-03-05 E. Madison, Md.





53 9018

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9018

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANK A. OTENASEK

2. DATE OF DEATH OCT 10 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Marburg 3-Med.*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt.

7-03

D. STREET ADDRESS (If rural, give location)

825 N. Collington Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

11-12-77

9. AGE (In years, last birthday)

75

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

own business

11. BIRTHPLACE (State or foreign country)

Vienna

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Otenasek

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia R.L.H.

72 hrs.

ANTECEDENT CAUSES

DUE TO

(B) Multiple Myeloma

6-12 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Metastases from

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Colon (operated July 55)

?

19A. DATE OF OPERATION

✓

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1953 to 10-10-1953 that I last saw the deceased alive on 10-10-1953 and that death occurred at 14<sup>th</sup> A.M., from the causes and on the date stated above.

23A. SIGNATURE

Katherine H. Borkovich

M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/13/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd., Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.

ADDRESS

OCT 11 1953  
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53 9019

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9019

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH M. WINDSOR

2. DATE  
OF  
DEATH

OCT. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

YES

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

58

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

CHARLES TRAYGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

(HUSBAND)

THOMAS G. WINDSOR

ADDRESS

SAME

18.

526X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hemoptysis, massive

## ANTECEDENT CAUSES

(B)

DUE TO

Bronchiectasis

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 10, 1953, to OCT. 11, 1953 that I last saw the  
deceased alive on OCT. 11, 1953, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Barry J. Plunkett, Jr. M. D.

23B. ADDRESS

UMH

23C. DATE SIGNED  
OCT. 11, 195324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-14-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

OCT 12 1953

VS 150

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-635

53 9020

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9020  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ALBERT N. FRIEDMANIN

2. DATE  
OF  
DEATH

10-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2513 Shirley Ave

E. Length of stay in Baltimore

42

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Credit Manager

10B. KIND OF BUSINESS OR INDUSTRY

Dept Store

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Ada

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marionne Friedmann - home

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

acute myocardial infarction

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19\_\_\_\_, to 19\_\_\_\_, that I last saw the deceased alive on 10-10-1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above

23A. SIGNATURE

William Korman

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-12-53

24C. NAME OF CEMETERY OR CREMATORY

Keruing Run

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

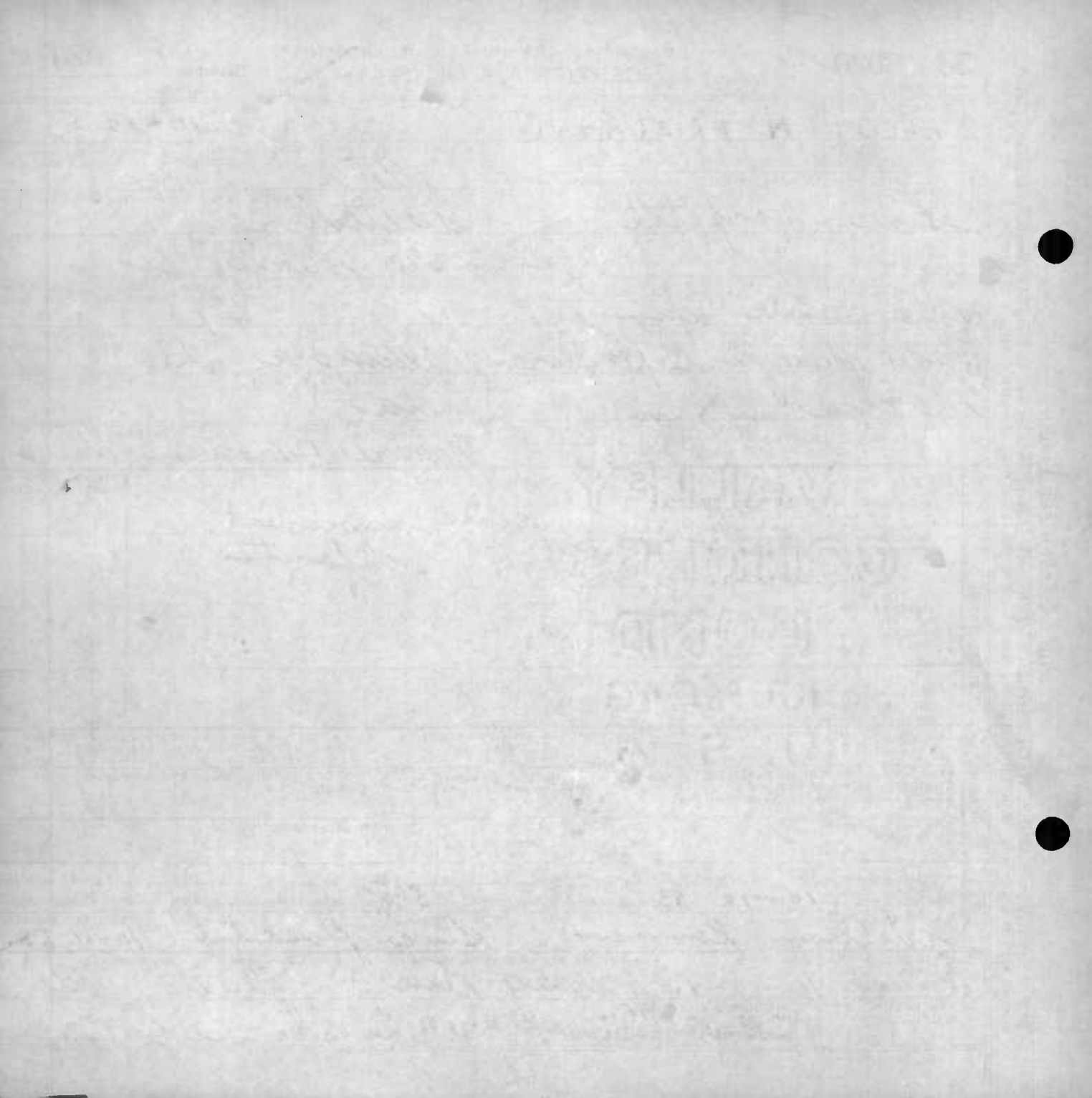
25. FUNERAL DIRECTOR

H. J. K. Kuesche

ADDRESS

2100 Section Pl







13-400  
AB-174632

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9021  
Registered No.

53 9021  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Bertha Bailey</b>			2. DATE OF DEATH <b>10-10-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2901 Taylor Ave zone 14</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 24-1880</b>	9. AGE (In years last birthday) <b>73</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Thomas Mitchell</b>			14. MOTHER'S MAIDEN NAME <b>Emma Mitchell</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>--</b>		16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT <b>4940 Eastern Ave</b> ADDRESS <b>Records: Baltimore City Hospitals</b>		

18. <b>E 903.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hip Fracture</b> DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			(B) DUE TO			(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <b>9-21-1953</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Open reduction left Femur</b>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <b>2901 Taylor Ave., zone 14</b> <b>5300</b>				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9-11-1953</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Fell - Slipped and fell to floor</b>				
22. I hereby certify that I attended the deceased from <b>9-15-</b> , 19 <b>53</b> , to <b>10-10-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-10-</b> , 19 <b>53</b> , and that death occurred at <b>8 P.m.</b> , from the causes and on the date stated above.								
23A. SIGNATURE <i>H. J. ...</i>			23B. ADDRESS <b>4940 Eastern Ave., Baltimore, Md.</b>			23C. DATE SIGNED <b>10-11-53</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/14/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Frederick Ave.</b>		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington ...</i>		25. FUNERAL DIRECTOR <b>John F. Denny, Inc.</b>		ADDRESS <b>715 Light St.</b>		

OCT 12 1953  
VS 750

To be approved by the Medical Examiner

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53 9022

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9022  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MRS SOPHIA HOWARD BRISCOE</b>		2. DATE OF DEATH <b>10/11/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Mercy Hospital</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>			
c. Length of stay in Baltimore <b>50 years</b>		D. STREET ADDRESS (If rural, give location) <b>612 Regester Avenue</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE, WID.</b>	8. DATE OF BIRTH <b>JAN 21, 1876</b>	9. AGE (in years, last birthday) <b>77</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
13. FATHER'S NAME <b>JAMES LEE</b>		14. MOTHER'S MAIDEN NAME <b>CORNELIA READ</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or noknows) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Arthur Briscoe</b>	
18. <b>157X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Pancreas</b>		CAUSE OF DEATH <b>Leonardtown Md.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>JULY 1, 1953</b> to <b>OCT 11, 1953</b> that I last saw the deceased alive on <b>OCT 11, 1953</b> , and that death occurred at <b>5:35 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. B. Anderson</b>		23B. ADDRESS <b>Mercy Hospital</b>		23C. DATE SIGNED <b>10/11/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>October 14, 53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Pikesville Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Ellsworth Armacost</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 12 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Ellsworth Armacost</b>	
VS 150		4600 LIBERTY HEIGHTS AVE			

MAJOR JACOB H. VANDERBILT

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UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

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2-500

53 9024

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9024

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

QUINN, William

2. DATE  
OF  
DEATH

Oct. 10 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 21-02D. STREET ADDRESS (If rural, give location)  
974 Carroll St.

E. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Nov-19-1887

9. AGE (in years  
last birthday)

65

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chaffeur.

10B. KIND OF BUSINESS OR  
INDUSTRY

Muth Bros

13. FATHER'S NAME

JOHN QUINN

11. BIRTHPLACE (State or foreign country)

Md. BALTO.

12. CITIZEN OF  
WHAT COUNTRY?

AMERICAN.

14. MOTHER'S MAIDEN NAME

Elizabeth Peifer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Irene Quinn.

Same.

18. 331X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Brain Hemorrhage.

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Oct-9, 1953, to Oct-10, 1953, that I last saw the deceased alive on Oct-10, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 12 1953

Huntington Williams, M.D.

John J. Cowan &amp; Son

St. Hollins



STATE OF NEW YORK

IN SENATE  
January 12, 1905  
REPORT OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
MAY 1, 1898  
ALBANY: J. B. LIPPINCOTT & CO. PRINTERS  
1905

540

53 9025

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9025

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Louis Donnelly</i>			2. DATE OF DEATH <i>10/10/53</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Bellona-Belvedere</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Edgewood Sanitarium</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-12</i>		
6. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>Bellona-Belvedere</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	10. DATE OF BIRTH <i>March 16/1887</i>	11. AGE (In years - last birthday) <i>86</i>	12. Under 1 Year Months: Days: Hours: Min. <i>- - - -</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			14. KIND OF BUSINESS OR INDUSTRY <i>Lawyer</i>		
15. BIRTHPLACE (State or foreign country) <i>Baltimore</i>			16. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
17. FATHER'S NAME <i>Daniel Donnelly</i>			18. MOTHER'S MAIDEN NAME <i>Wang Millholland</i>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			20. SOCIAL SECURITY NO. <i>NONE</i>		
21. INFORMANT <i>Mrs. Thos. Fink</i>			22. ADDRESS <i>614 3804 Innwood</i>		
23. 18. <i>443X</i>			24. CAUSE OF DEATH		
25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			26. (A) <i>Acute Myocardial failure</i>		
27. ANTECEDENT CAUSES			28. DUE TO <i>Hypertensive Arteriosclerotic Cardiovascular disease</i>		
29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			30. (B) <i>Chronic Nephritis, Uremia.</i>		
31. II			32. (C) <i>Senility</i>		
33. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			34. INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>		
35. 19A. DATE OF OPERATION <i>0</i>			36. 19B. MAJOR FINDINGS OF OPERATION		
37. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			38. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		
39. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			40. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
41. 21D. TIME (Month) (Day) (Year) (Hour) INJURY			42. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
43. 21F. HOW DID INJURY OCCUR?			44. 22. I hereby certify that I attended the deceased from <i>15 March, 1947</i> , to <i>10 Sept.</i> , 1953 that I last saw the deceased alive on <i>10 Sept.</i> , 1953, and that death occurred at <i>3:45 P.m.</i> , from the causes and on the date stated above.		
45. 23A. SIGNATURE <i>Joseph E. Muse Jr.</i>			46. 23B. ADDRESS <i>5 West 29th St. Baltimore</i>		
47. 23C. DATE SIGNED <i>10 Sept 53</i>			48. 24A. BURIAL, CREMATION, REMOVAL (Specify)		
49. 24B. DATE <i>10/13/53</i>			50. 24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>		
51. 24D. LOCATION (City, town, or county) <i>Baltimore</i>			52. 25. FUNERAL DIRECTOR		
53. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 12 1953</i>			54. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		
55. VS 150			56. ADDRESS <i>108 W North Ave</i>		

OFFICE OF THE SECRETARY  
OF THE ARMY

VALLEY

CONCRETE

BOND

U.S.A.

3-652  
53 9026BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9026

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Dorothy E. Barnes

2. DATE  
OF  
DEATH

Oct. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

704 N. Carey St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Domestic

13. FATHER'S NAME

James Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Evelyn Barnes 704 N. Carey St.

18. 241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3/53, 19, to 10/6/53, that I last saw the  
deceased alive on 10/6/53, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

720 8A

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1900

100

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of County Clerk

Signature of State Registrar

Signature of Federal Registrar

Signature of National Registrar

Signature of International Registrar

Signature of United Nations Registrar

Signature of World Health Organization Registrar

Signature of World Bank Registrar

Signature of World Trade Organization Registrar

Signature of World Intellectual Property Organization Registrar

Signature of World Labor Organization Registrar

Signature of World Tourism Organization Registrar

Signature of World Customs Organization Registrar

Signature of World Health Organization Registrar

Signature of World Bank Registrar

Signature of World Trade Organization Registrar

Signature of World Intellectual Property Organization Registrar

Signature of World Labor Organization Registrar

Signature of World Tourism Organization Registrar

Signature of World Customs Organization Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 9027

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9027  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELLEN E. SAKERS

2. DATE  
OF  
DEATH

10/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

1525 W. 36th St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto.

13-08

D. STREET ADDRESS (If rural, give location)

1525 W. 36th St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 5, 1865

9. AGE (in years  
last birthday)

88

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mary E. Sakers 1525 W. 36th St.

18. 570.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Aortic Aneurysm

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

Cause undetermined

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1953 to Oct. 10, 1953, that I last saw the  
deceased alive on Oct. 10, 1953, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Heaton Wilson

23B. ADDRESS

M. D.

846 W. 36th St.

23C. DATE SIGNED

10-10-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

he



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RECEIVED  
JAN 10 1964

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21 BOX

U.S.A.  
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BOND  
CONCRETE  
VALLEY



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9028

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Eva Barbara Koutz

2. DATE  
OF  
DEATH

October 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

3224 East Lombard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give  
township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

3224 East Lombard St.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 19, 1877

9. AGE (In years  
last birthday)

76

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George M. Himmer

14. MOTHER'S MAIDEN NAME

Henrietta E. Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. HOME ADDRESS  
1727 Terrell Place Baltimore 13,  
Mr. Elmer C. Koutz

18. 443X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Hypertensive  
cardiovascular disease

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

10/1/53

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1953, to Oct. 9, 1953, that I last saw the  
deceased alive on Oct. 9, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin H. Himmer

M. O.

23B. ADDRESS

121 S. HILLAND AVE.

23C. DATE SIGNED

10/10/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander &amp; Sons Inc.

ADDRESS

Baltimore Maryland

George Sander

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M-620

53 9029

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9029  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>Martha Ellen Mears</b>			2. DATE OF DEATH <b>October 9, 1953</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY			5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1621 East Thirtieth St.</b>			D. STREET ADDRESS (If rural, give location) <b>1621 East Thirtieth St.</b>			6. DATE OF BIRTH <b>April 27, 1887</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			9. AGE (In years, last birthday) <b>66</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>		
13. FATHER'S NAME <b>George C. Bishop</b>			14. MOTHER'S MAIDEN NAME <b>Caroline Hochadel</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		
16. SOCIAL SECURITY NO. <b>NONE</b>			17. INFORMANT <b>Mr. Howard Mears</b>			ADDRESS <b>1621 E. 30 TH. ST.</b>		
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b>			CAUSE OF DEATH <b>Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO			(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <b>0</b>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. HOW DID INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>10/7</b> , 19 <b>53</b> , to <b>10/9</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/8</b> , 19 <b>53</b> , and that death occurred at <b>6 A</b> m., from the causes and on the date stated above.								
23A. SIGNATURE <b>Thomas L. Worsley Jr.</b>			23B. ADDRESS <b>2900 Alameda Blvd</b>			23C. DATE, SIGNED <b>10/10/53</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24B. DATE <b>Oct. 12, 1953</b>			24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>		
24D. LOCATION (City, town, or county) <b>Baltimore Maryland</b>			24E. FUNERAL DIRECTOR <b>Henry Sander &amp; Sons Inc.</b>			ADDRESS <b>Baltimore Maryland</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 12 1953</b>			REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			25. FUNERAL DIRECTOR <b>George Sander</b>		

200

1900

RECEIVED



R-543

BIRTH NO. 53 9030

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9030

1. NAME OF DECEASED  
(Type or Print)

Harry Emerick Reynolds

2. DATE  
OF  
DEATH

10-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Union Memorial Hospital

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR  
INDUSTRY

-

13. FATHER'S NAME

George H. Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

214-01-8207

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
before admission)  
A. STATE B. COUNTY

Baltimore Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

8-05

D. STREET ADDRESS (If rural, give location)

1722 Nonnal Avenue

8. DATE OF BIRTH

12-22-1888

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Florence E. Gracey

17. INFORMANT

ADDRESS

Mrs Marie E. Reynolds

Same

18. 570.2

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Mesenteric Thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Oct 9, 1953, to Oct 10, 1953 that I last saw the  
deceased alive on Oct 10, 1953, and that death occurred at 1:35 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 13, 1953

Parkwood Cemetery

Baltimore Maryland

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington, W. D. S. 1953

Henry Sander &amp; Sons Inc.

Baltimore Maryland

VS 150

51524 George Sander



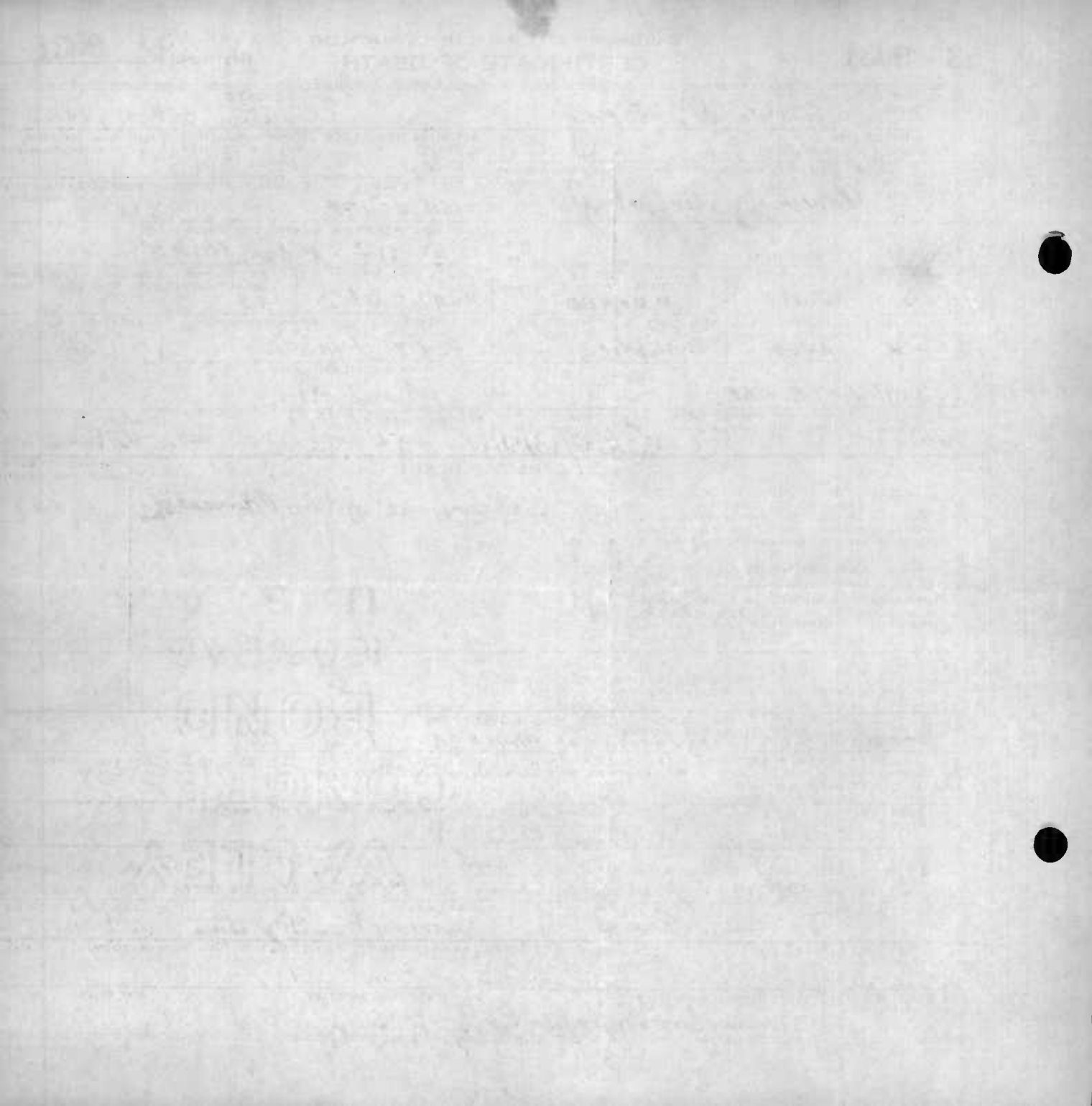


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9031

53 9031  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Steward, Ray</b>		2. DATE OF DEATH <b>Oct. 11, 1953</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓ b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>Baltimore</b>	
c. Length of stay in Baltimore		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>HANOVER</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>Aug. 15, 1883</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BRICK LAYER</b>		9. AGE (In years last birthday) <b>70</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>BUILDING</b>		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>	
13. FATHER'S NAME <b>JOHN SEWARD</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>7-15-09-3152</b>	
18. <b>157X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of the Pancreas</b>		17. INFORMANT <b>Nancy Lindsay</b> ADDRESS <b>4315 Wilkoma Ave</b>	
19. DATE OF OPERATION <b>8-12-53</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 1</b> , 19 <b>53</b> , to <b>Oct 11</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Oct 10</b> , 19 <b>53</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>James L. Read</b>		23B. ADDRESS <b>University Hospital</b>	
23C. DATE SIGNED <b>Oct. 11, 1953</b>		24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTERAR'S SIGNATURE	
VS 150		50424	



W-240

53 9032  
BIRTH NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 9032

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ANN WEIKEL		10/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3018 W. North Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6322 Dogwood Rd.	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
female	white	widowed	Aug. 15, 1904
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY	
Housewife		home	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles H. Priest		Bertha Ferry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no		none	
17. INFORMANT		ADDRESS	
Mr. Wm. Priest-3313 Walbrook Ave.			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 490x and 581.1 LOBAR PNEUMONIA DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FATTY LIVER - Chronic Alcoholism		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
20E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20F. HOW DID INJURY OCCUR?	
21. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
22A. SIGNATURE		22B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
22C. DATE SIGNED		22D. LOCATION (City, town, or county) (State)	
10/10/53		Baltimore, Md.	
23A. BURIAL, CREMATION, REMOVAL (Specify)		23B. DATE	
Burial		10/12/53	
23C. NAME OF CEMETERY OR CREMATORY		23D. LOCATION (City, town, or county) (State)	
Woodlawn Cem.		Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
OCT 12 1953		Tunington H. ...	
FUNERAL DIRECTOR		ADDRESS	
Wm. G. ...		Baltimore, Md.	

8000 66

5000 66



53 9033

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9033

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Dorothea Marie / Kamberger</i>		2. DATE OF DEATH <i>10-11-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Halethorpe 5300</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>1817 Fairview Ave #27</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-5-70</i>
9. AGE (In years last birthday) <i>83</i>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles Heck</i>		14. MOTHER'S MAIDEN NAME <i>Louise Rippman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mrs. W.B. McCloskey</i>		ADDRESS <i>1706 Lincoln Drive</i>	

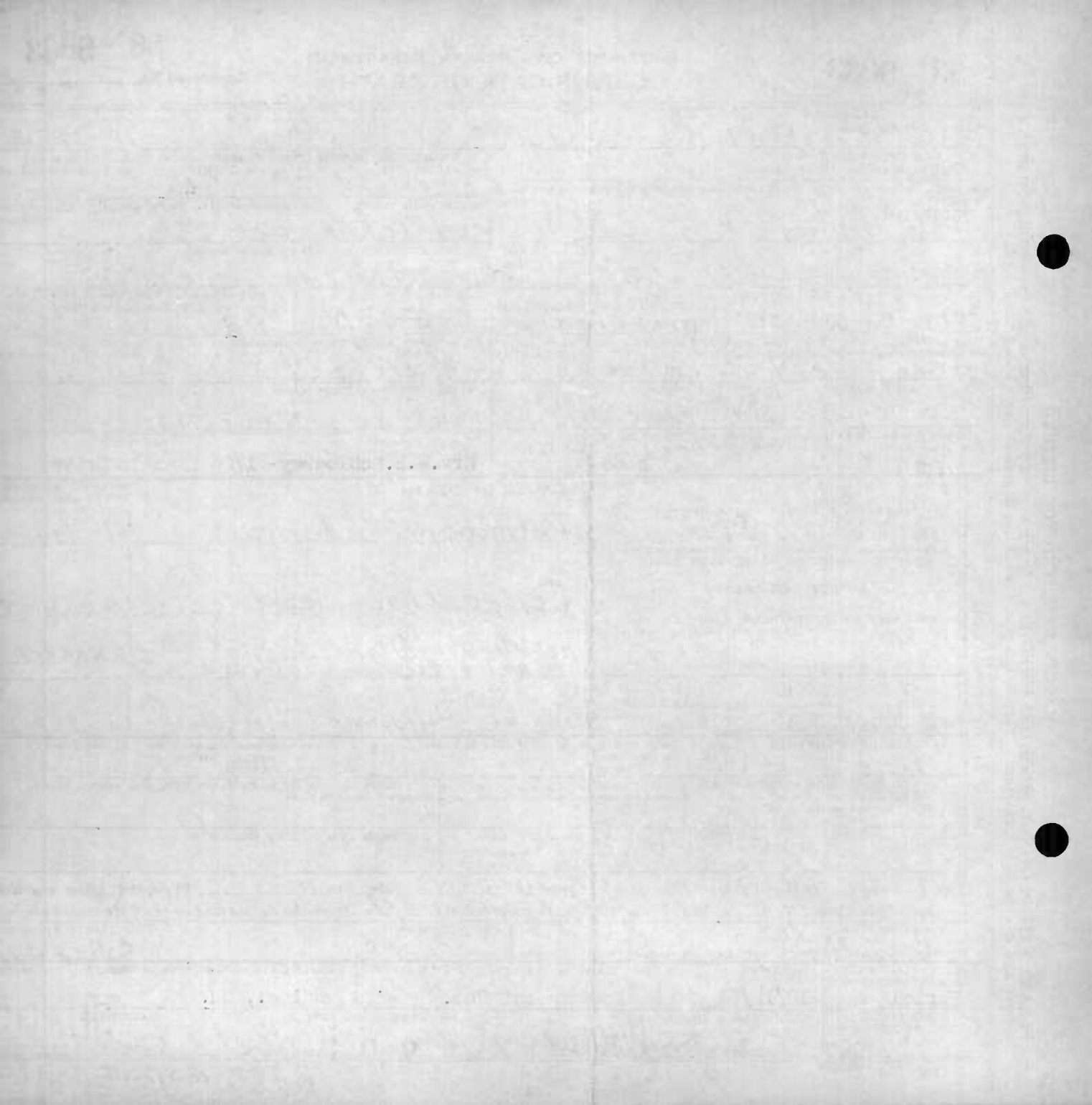
## MEDICAL CERTIFICATION

18. <i>443X and 002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Pulmonary Edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Congestive Heart Failure</i>		<i>unknown</i>
		(C) <i>Hypertensive Arteriosclerotic Cardiovascular Disease</i>		<i>unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Advanced Pulmonary Tuberculosis</i>		<i>25 years</i>
19A. DATE OF OPERATION <i>none</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *10-11-1953*, to *10-11-*, 1953, that I last saw the deceased alive on *10-11*, 1953, and that death occurred at *5:50 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Corbett L. Quinn* M. D. 23B. ADDRESS *Mercy* 23C. DATE SIGNED *10-11-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/14/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 12 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>J. J. Sidenes &amp; Sons</i> <i>Balto. 17, Md.</i>	





A-416  
D.O.A.  
53 9034BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9034

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Albrecht, Stephen F. SR.

2. DATE

OF

DEATH

October 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

Yrs.

Mos.

Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. B.T.C. Machinist

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George A. Albrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

W.W.I

16. SOCIAL SECURITY NO.

213-10-1288

17. INFORMANT

ADDRESS

Mrs. Rose Marie Albrecht, 1632 Darley

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

CAUSE OF INJURY

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23A. SIGNATURE

Louis A. Fritz

M.D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Oct. 10, '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruok, 5305 Harford Road.

ADDRESS

OCT 12 1953

VS 150

54451



M-353

HAM-1517

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9035  
Registered No.53 9035  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mr. John A. Middendorf</b>			2. DATE OF DEATH <b>Oct. 9, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>Mount Convelescant Home</b> <b>3706 Nortonia Road</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3706 Nortonia Rd.</b> <b>15-09</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Sept 24, 1871</b>	9. AGE (In years last birthday) <b>82</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist, Md. Meter Company</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		
13. FATHER'S NAME <b>John Middendorf</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME <b>Mary ?</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>Mr. Frank N. Bayless, 2708 Southern</b>		

18. <b>420.10</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Arterio sclerotic heart disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>sev. mos</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Oct 8</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>53</b> , to <b>Oct 8</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Oct 8</b> , 19 <b>53</b> , and that death occurred at <b>12 noon</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>E. Ellsworth Jr</b>	23B. ADDRESS <b>2831 Mt - Ave</b>	23C. DATE SIGNED <b>10-10-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 12, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 12 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR ADDRESS <b>Leonard J. Ruck, 5305 Harford Road.</b>	

Dr. Ellsworth Cook  
2431 Maryland Avenue  
6-8 P.M. 10:30

53 9036

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9036  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDWARD T

CONWAY Sr.

2. DATE  
OF  
DEATH

10/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3737 Eastern Avenue

C. CITY OR TOWN

Baltimore

26-09

D. STREET ADDRESS (If rural, give location)

3737 Eastern Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Dec. 8, 1892

9. AGE (in years  
last birthday)

60 61

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Auto Equipment

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James H. Conway

14. MOTHER'S MAIDEN NAME

Elizabeth Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

Mexican War

16. SOCIAL  
SECURITY NO.

217-26-3415

17. INFORMANT

ADDRESS

Mr. Edw. J. Conway, 2836 Pelham Ave.

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) ARTERIO-SCLEROTIC HEART  
DISEASE

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

10-11-53

(State)

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

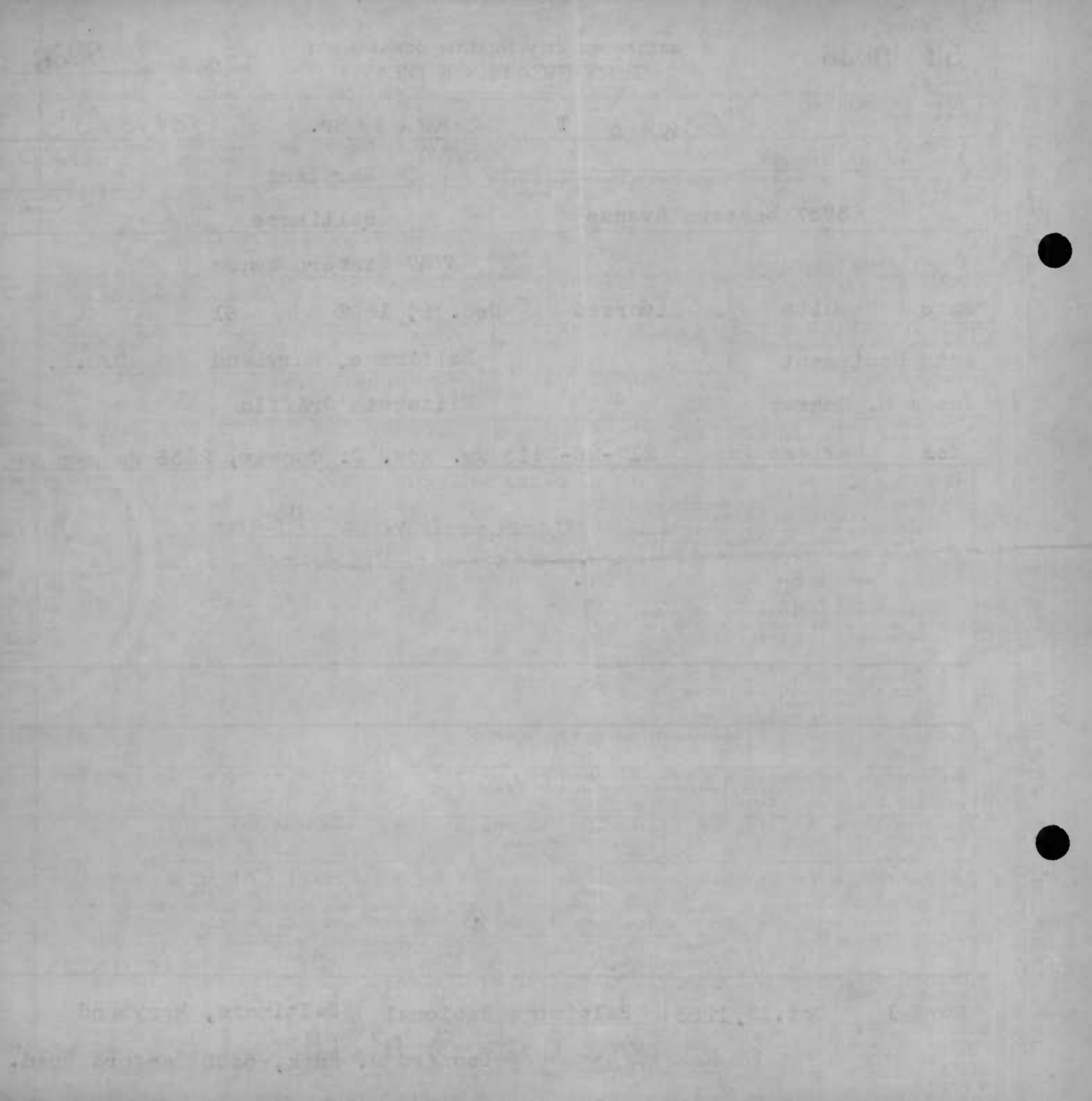
VS 151

2906J

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 9037

 BIRTH NO. 53 9037  
33.21626

1. NAME OF DECEASED (Type or Print) <b>BRUCE JONES</b>			2. DATE OF DEATH <b>October 7, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <u>4-02</u>		
C. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <b>706 Sarah Ann Street</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>sep 25 1953</b>	9. AGE (In years last birthday) <b>3 wks.</b>	10. Under 1 Year Months: <u>0</u> Days: <u>0</u> Hours: <u>0</u> Min.
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>Md</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Charles Jones</b>			14. MOTHER'S MAIDEN NAME <b>Amiad</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Charles Jones 706 Sarah Ann St</b>			ADDRESS		

 18. 754.4

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Aspiration of vomitus**  
DUE TO **Malnutrition due to Congenital heart disease**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_  
(C) \_\_\_\_\_

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>RBF</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>October 7, 1953</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>Oct 13</b>	24C. NAME OF CEMETERY OR CREMATORY <b>National</b>	24D. LOCATION (City, town, or county) (State) <b>Balto, Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 12 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington</b>	25. FUNERAL DIRECTOR <b>918</b>	ADDRESS <b>Dug Hyatt</b>

1940

EC

STANDARD STANDARD

1940

2011/12

1940

F-630

53 9038

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9038  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John Ford

2. DATE  
OF  
DEATH

10/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1013. N. Mount St.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

1013. N. Mount St

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

30 Yrs

5. SEX

M.

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Joining

12. FATHER'S NAME

John Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

1894

9. AGE (In years  
last birthday)

59 yrs.

If Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Franklin N.C.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Dadie Ford - 1013. Mount St

18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHI  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cardiovascular Renal disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac Failure

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Bronchitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1953 to Oct 11, 1953, that I last saw the deceased alive on Oct 10, 1953, and that death occurred at 11A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1953

Huntington Williams

Metropolitan Funeral Home Inc.

CERTIFICATE OF DEATH

*[Faint, mostly illegible text, likely bleed-through from the reverse side of the document. The text appears to be organized into sections, possibly including personal details, cause of death, and a signature block.]*

-514  
53 9039BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9039  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Ellen Campbell</b>		2. DATE OF DEATH <b>10/9/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>1-02</b>	
C. Length of stay in Baltimore <b>60 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>254 S. Robinson St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5/20/74</b>
9. AGE (In years, last birthday) <b>79</b>		10. UNDER 1 Year: Months: Days: Under 24 Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Patrick Canny</b>		14. MOTHER'S MAIDEN NAME <b>???</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. -----	
17. INFORMANT <b>Mrs Margaret Walter</b>		ADDRESS <b>St. 254 S. Robinson</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Ante myocardial infarction</b> DUE TO ANTECEDENT CAUSES <b>Arteriosclerosis</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>10/9/53</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/9, 1953</b> , to <b>10/9, 1953</b> , that I last saw the deceased alive on <b>10/9, 1953</b> , and that death occurred at <b>2 P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>John A. Moran</b>		23B. ADDRESS <b>3400 E. Balto</b>	
23C. DATE SIGNED <b>10/12/53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/13/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	
25. FUNERAL DIRECTOR <b>Huntington Williams, Jr.</b>		ADDRESS <b>John A. Moran 3000 E. Balto. St.</b>	

W. H. A.  
100406  
BOND

COMMONS  
VALLEY



R-520  
53 9040BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9040  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BEULAH E. RINES

2. DATE  
OF  
DEATH

OCT. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 207 N. LAKEWOOD

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION 207 N. LAKEWOOD

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

LOUDER SLAGER

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

GRANT RINES 6115 CARDIFF

18. 171X and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CARCINOMA - CERVIX

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

2 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DIABETES MELLITUS

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 1951, to OCT. 10, 1953, that I last saw the  
deceased alive on 10/10/53, 1953, and that death occurred at 11A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

OCT 13/1953

TRINITY

BALTIMORE

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

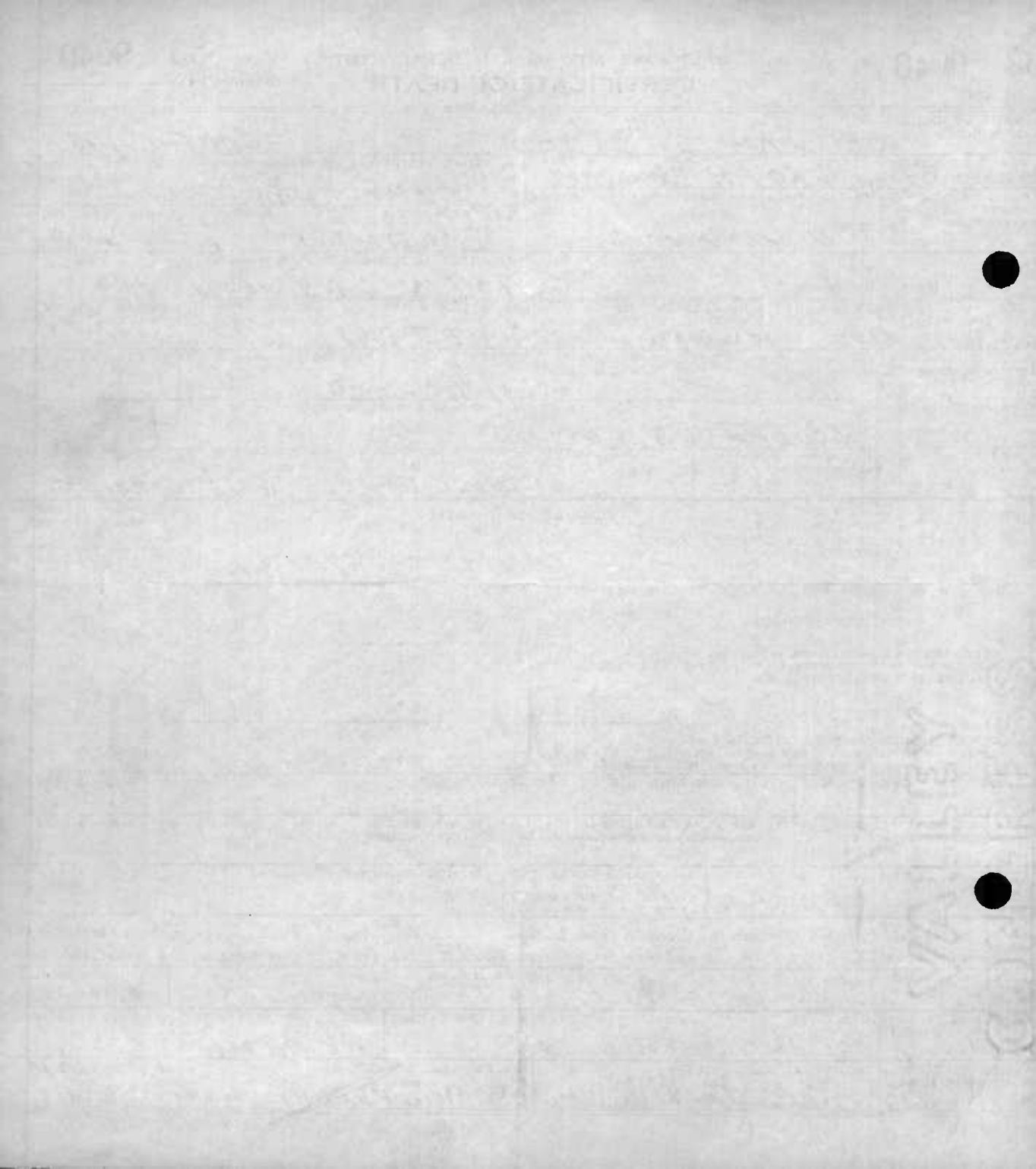
ADDRESS

OCT 13 1953

Huntington Williams

RICH FUNERAL HOME

BALAIR.



AB-175544-350

53 9041

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9041

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Edward Stem

2. DATE  
OF  
DEATH 10-11-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 27-17

c. Length of stay in Baltimore

11 yrs

D. STREET ADDRESS (If rural, give location)

2810 Ruscombe Lane zone 15

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

June 19-1873

9. AGE (In years  
last birthday)

80

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Stem

14. MOTHER'S MAIDEN NAME

Louisa Criswell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMATION  
Baltimore City Hospitals  
Records: 4940 Eastern Ave.

18. 155X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Common Bile Duct

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9-1953, to 10-11-1953 that I last saw the  
deceased alive on 10-11-1953, and that death occurred at 6.30PM., from the causes and on the date stated above.

23A. SIGNATURE

H. John Stem

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-12-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-15-53

24C. NAME OF CEMETERY OR CREMATORY

Wenfield

24D. LOCATION (City, town, or county)

Wenfield Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

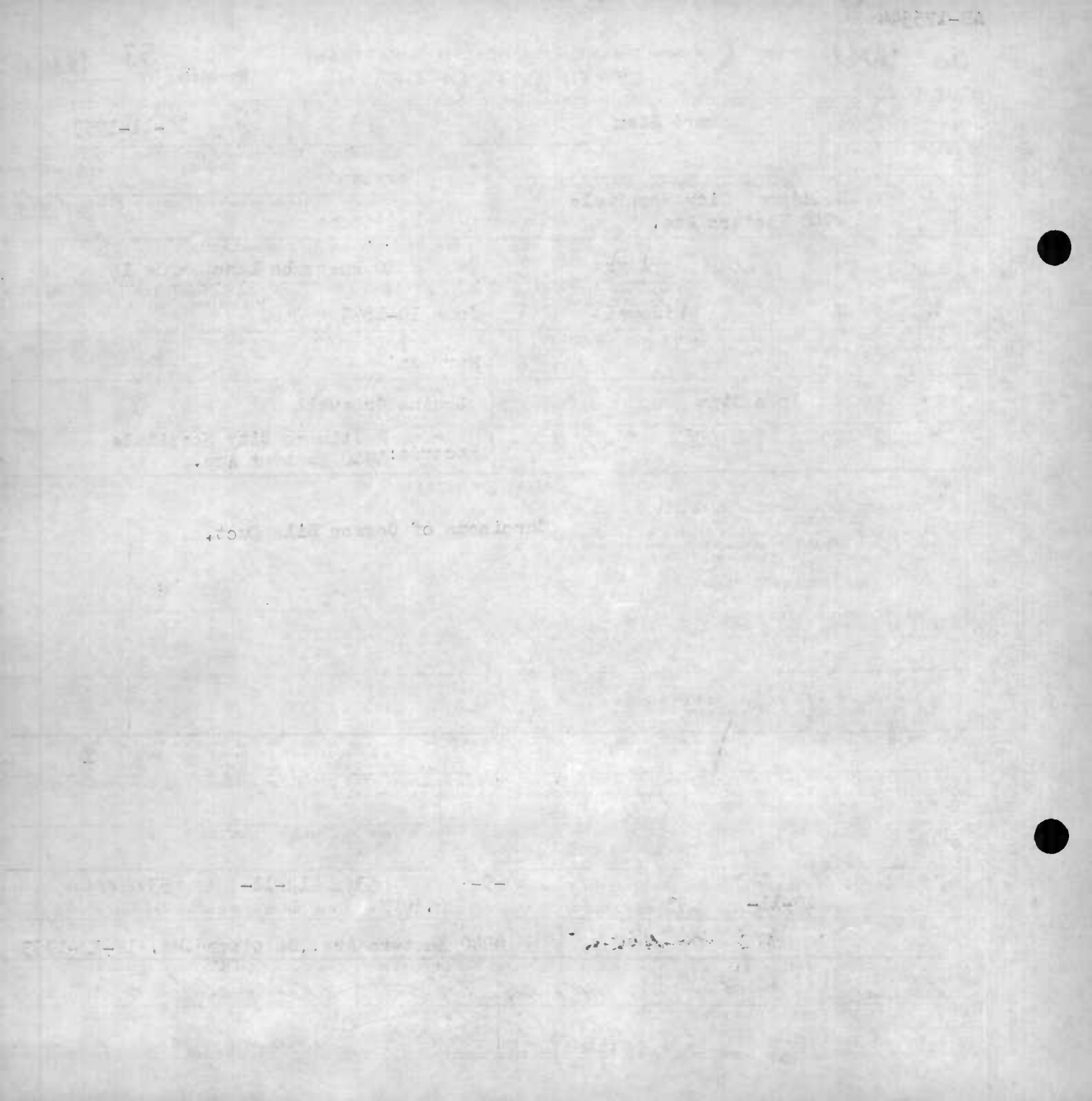
REGISTRAR'S SIGNATURE

H. John Stem

25. FUNERAL DIRECTOR

ADDRESS

Waltz Funeral Home



53 9042

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9042

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

John Henry McKenney

2. DATE  
OF  
DEATH Oct. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

519 N. Arlington Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
519 N. Arlington Ave.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 7, 1912

9. AGE (In years  
last birthday)

41

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

Self-Employed

11. BIRTHPLACE (State or foreign country)

Lancaster S.C.

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Edward McKenney

14. MOTHER'S MAIDEN NAME

Bessie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
Mrs. Leola McKenney 519 ADDRESS Ave  
N. Arlington

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1953 to Oct 10, 1953, that I last saw the  
deceased alive on Oct 10, 1953, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Dr. H. W. W. M. O.

23B. ADDRESS

515 N. Arlington Ave.

23C. DATE SIGNED

10/12/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/13/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

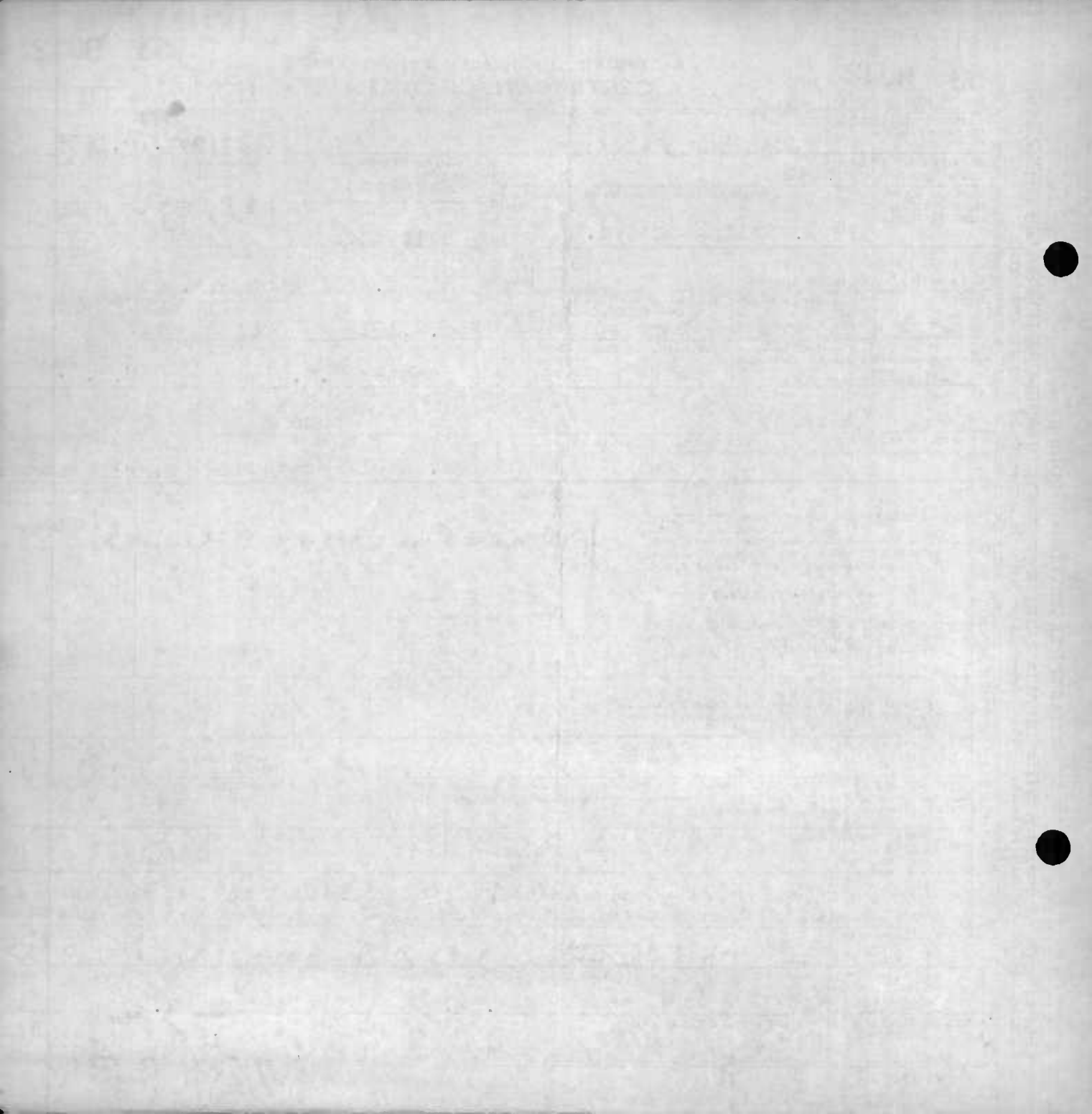
Huntington W. H. H. H. H.

25. FUNERAL DIRECTOR

Holland Funeral Home 1631

ADDRESS

Ave  
Druid Hill





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered **53** **9043**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**MARION**2. DATE  
OF  
DEATH**10-10-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION**University Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore 3-01**

D. STREET ADDRESS (If rural, give location)

**27 S. Eden St.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. **E981X**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)(A) **GUNSHOT WOUND OF  
ABDOMEN**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Street

**In front of 524 N. Pine Street**21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY**10/10/53 9:50**

P.M.

21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

**Shot in abdomen - Firearms**22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

**R. Fisher**

M.D.

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**10-11-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

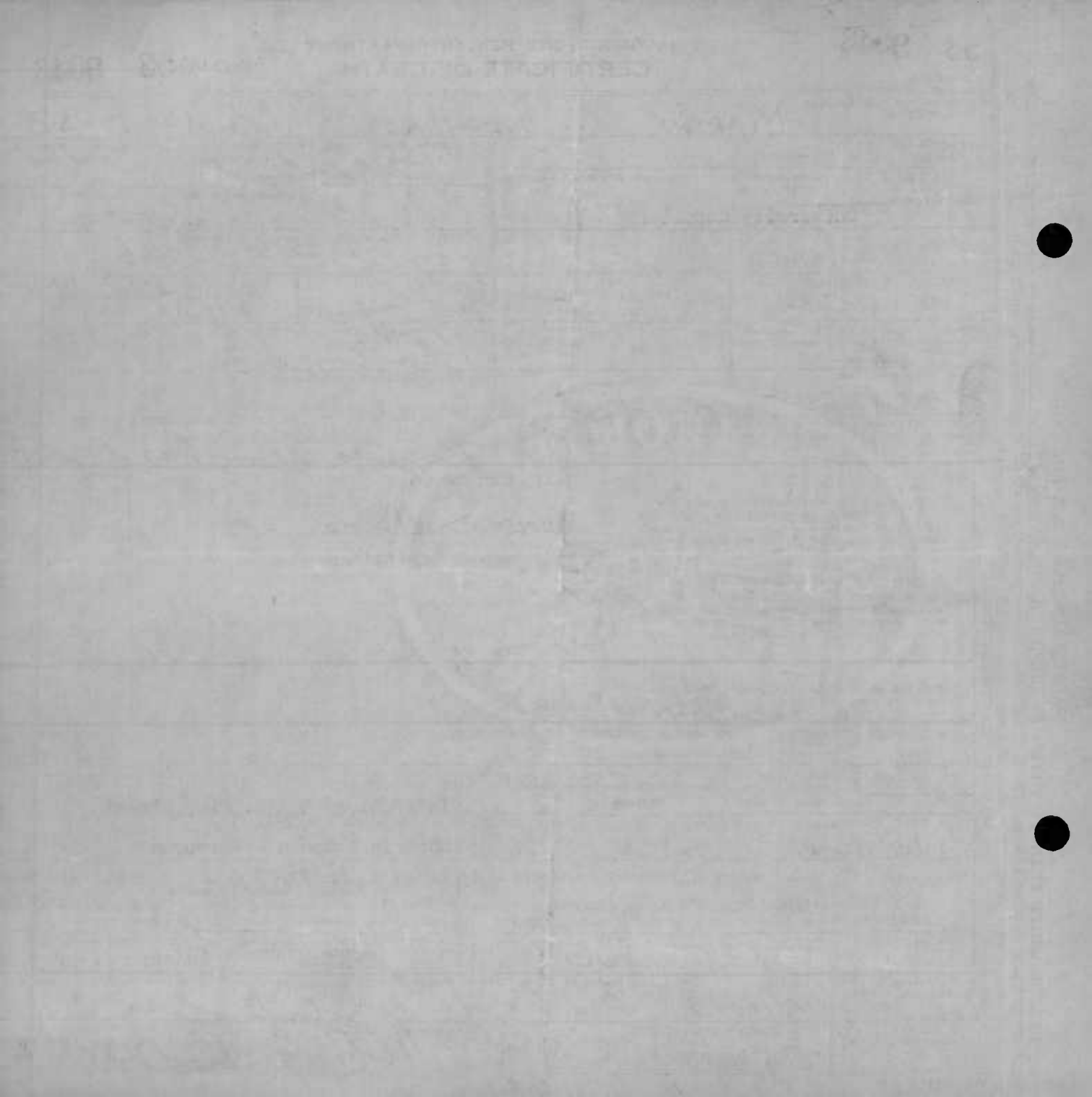
25. FUNERAL DIRECTOR

ADDRESS

**OCT 13 1953****Huntington Baltimore, Md. A. J. Halstead 978 1/2 1st Ave**

VS 151 js N 879.4

97099



242 P 224  
53 9044

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9044

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ANTONI PUKLEWICZ (ANTHONY PUCKLIS)</b>				2. DATE OF DEATH <b>Oct. 10 - 1953</b>	
3. PLACE OF DEATH: <b>A. Baltimore City, Maryland (Balto. City)</b>				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) <b>A. STATE Md. B. COUNTY</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION 2531 E. Madison St.</b>				6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. City 7-02</b>	
7. Length of stay in Baltimore <b>Yrs. Mos. Days</b>				8. STREET ADDRESS (If rural, give location) <b>2531 E. Madison St.</b>	
9. SEX <b>Male</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	12. DATE OF BIRTH <b>Dec. 23 - 1888</b>		13. AGE (In years last birthday) <b>64</b>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ship Carpenter</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Md. Drydock</b>		16. BIRTHPLACE (State or foreign country) <b>Lithuania</b>	
17. FATHER'S NAME <b>Frank Puklewicz</b>		18. MOTHER'S MAIDEN NAME <b>Michalina Arlowski</b>		19. CITIZEN OF WHAT COUNTRY?	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>(Yes, give war or dates of service)</b>		21. SOCIAL SECURITY NO. <b>214-03-6153</b>		22. INFORMANT ADDRESS <b>Sophie Puklewicz 2531 E. Madison St.</b>	
18. <b>163X</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Lung</b> DUE TO (A) <b>Carcinoma of Lung</b> (B) (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <b>2 mos.</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>10/10/53</b>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug 5, 1953</b> to <b>Oct 10, 1953</b> that I last saw the deceased alive on <b>Oct 10, 1953</b> and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>L. Smith</b>		23B. ADDRESS <b>Md. Arts. Bldg.</b>		23C. DATE SIGNED <b>10/11/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 13 - 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>	
24D. LOCATION (City, town, or county) <b>Balto. Co.</b>		24E. STATE <b>Md.</b>		24F. REGISTRAR'S SIGNATURE <b>Wm. J. Flakowski</b>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1953</b>		24H. REGISTRAR'S SIGNATURE <b>Wm. J. Flakowski</b>		24I. ADDRESS <b>2007 Eastern Ave</b>	

5103U

4478. Newwood Rd.

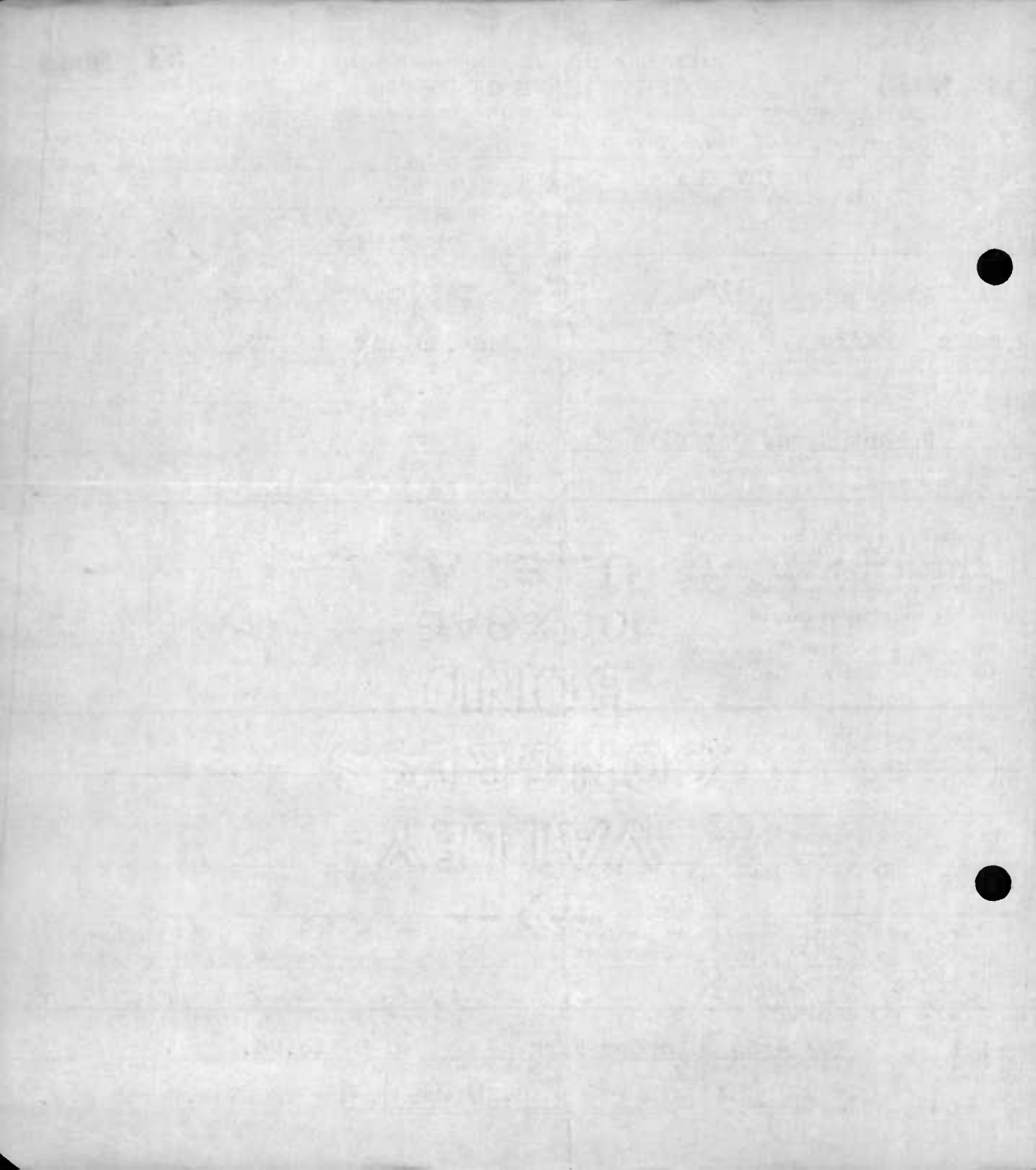
613

53 9045

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9045  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Miss Roberta Griffith</i>		2. DATE OF DEATH <i>October 12 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2157 Chelsea Ter.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Miss Roberta Griffith</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-48</i>	
6. LENGTH OF STAY IN BALTIMORE <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>2157 Chelsea Terrace</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>Sept. 18, 1880</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	12. KIND OF BUSINESS OR INDUSTRY	13. AGE (In years last birthday) <i>73</i>	14. CITIZEN OF WHAT COUNTRY?
15. FATHER'S NAME <i>Robert Cyrus Griffith</i>		16. MOTHER'S MAIDEN NAME <i>Mary Ella Hall</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		18. SOCIAL SECURITY NO. <i>-</i>	
19. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic C.V.D.</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i>	
21. DATE OF OPERATION <i>0</i>		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>	26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <i>-</i>	28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR? <i>-</i>	
30. I hereby certify that I attended the deceased from <i>Dec. 1950</i> , to <i>Oct. 12, 1953</i> , that I last saw the deceased alive on <i>Oct. 10, 1953</i> , and that death occurred at <i>11:39 a.m.</i> , from the causes and on the date stated above.			
31. SIGNATURE <i>Lester A. Hall</i>		32. ADDRESS <i>1039 St. Paul St</i>	
33. DATE SIGNED <i>Oct 12 1953</i>			
34. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	35. DATE <i>10/14/53</i>	36. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	37. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
38. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 13 1953</i>	39. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	40. FUNERAL DIRECTOR ADDRESS <i>G. Howard Strong 3207 W. North Ave.</i>	





5-355  
53 9046BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9046

1. NAME OF DECEASED (Type or Print) <i>Morris Gutman</i>		2. DATE OF DEATH <i>Oct. 12/53.</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>3237 Dorithan Rd.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 15-11</i>	
6. Length of stay in Baltimore <i>58 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>3237 Dorithan Rd.</i>	
7. SEX <i>male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	10. DATE OF BIRTH <i>Apr. 28, 1879</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		12. AGE (In years last birthday) <i>74</i>	
13. FATHER'S NAME <i>Isaac Gutman</i>		14. BIRTHPLACE (State or foreign country) <i>Germany</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Hannah Berman</i>	
19. INFORMANT <i>Mrs. Carolyn Hubert</i>		20. ADDRESS <i>Road 3237 Dorithan</i>	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary arteriosclerosis</i> DUE TO <i>with recurrent coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs +</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1942</i> , to <i>10 12</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>12/10</i> , 19 <i>52</i> , and that death occurred at <i>8:15</i> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Melvin B. Green</i>		23B. ADDRESS <i>2370 E. E. Pl</i>	
M. D.		23C. DATE SIGNED <i>1/1/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 13/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Friendship</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
25. REGISTRAR'S SIGNATURE <i>Thurston H. H. H.</i>		26. FUNERAL DIRECTOR <i>Bellevue Bros.</i>	
27. ADDRESS <i>1124 W. North</i>			

## CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

R-200  
53 9047

X 53 9047

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

RESH, Earl M.

2. DATE  
OF  
DEATH

10-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

38 University

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Balto

D. STREET ADDRESS (If rural, give location)

2808 Penna Ave, Rosemont

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE (MARRIED)  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/25/04

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Store manager

10B. KIND OF BUSINESS OR  
INDUSTRY

Shoe Salesman

13. FATHER'S NAME

Charles Resh

14. MOTHER'S MAIDEN NAME

Jennie Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

wife Louise W. same as pt

18. 100.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Reticulum cell sarcoma

INTERVAL BETWEEN  
ONSET AND DEATH

3 1/2 mo

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) DUE TO

11

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-27-53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Sarcoma Stomach

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1953 to 10-10, 1953 that I last saw the  
deceased alive on 10-10, 1953 and that death occurred at 11:45 pm, from the causes and on the date stated above.

23A. SIGNATURE

L. Felipe Gonzalez

M. D.

23B. ADDRESS

U. A.

23C. DATE SIGNED

10-10-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT. 13/53

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 13 1953

REGISTRAR'S SIGNATURE

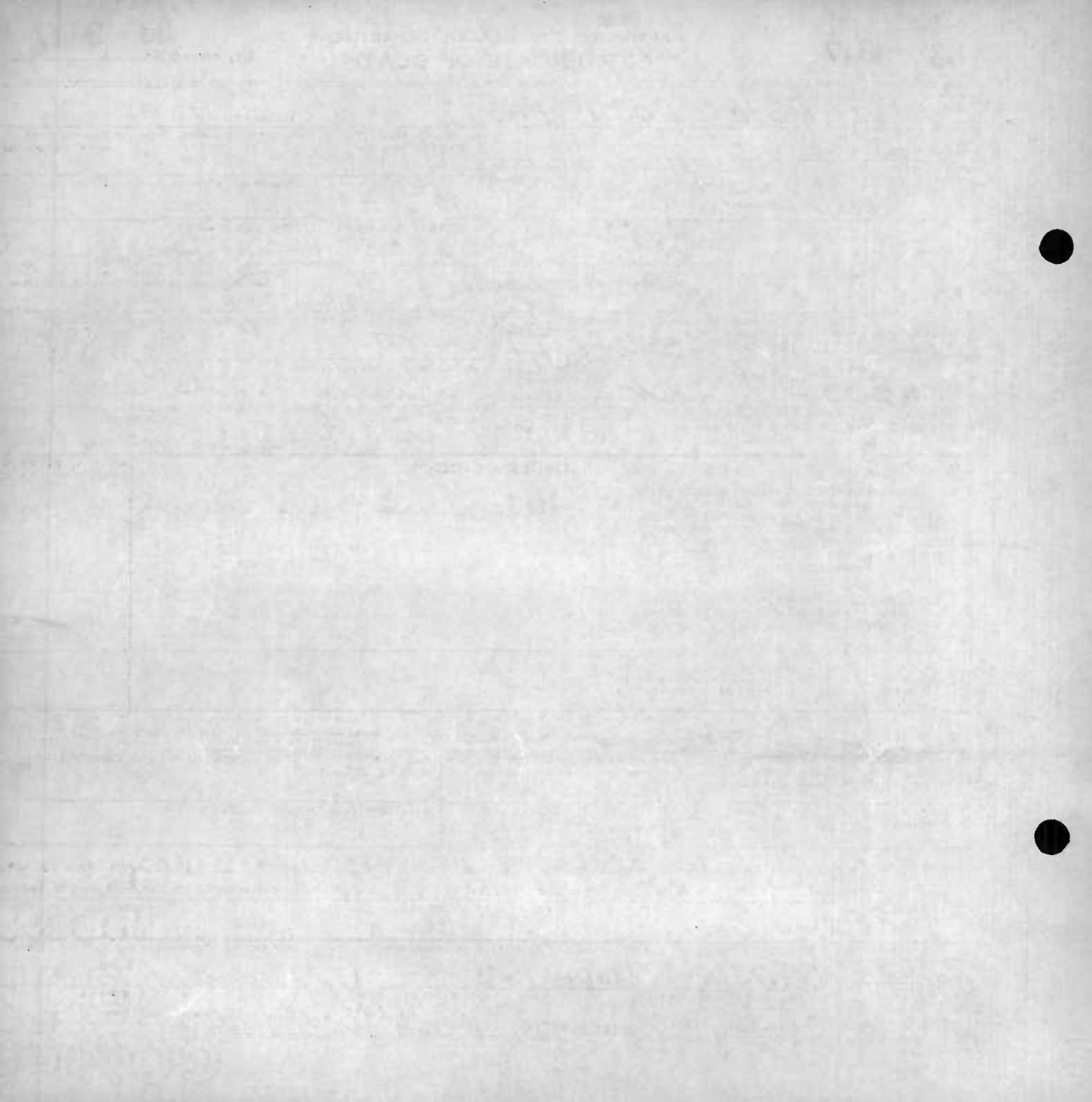
Huntington Williams

25. FUNERAL DIRECTOR

Randy H. Wright

ADDRESS

4101 EDMONDSON AVE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

83-600

53 9048

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9048

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Charles Oscar Barr</b>			2. DATE OF DEATH <b>Oct. 9, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>430 N. Hilton St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 20-07</b>		
c. Length of stay in Baltimore <b>38 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>430 N. Hilton St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 20, 1897</b>	9. AGE (In years last birthday) <b>56</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Administration</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Army Chemical Ctr.</b>		
11. BIRTHPLACE (State or foreign country) <b>Virginia</b>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <b>Thomas M. Barr</b>			14. MOTHER'S MAIDEN NAME <b>Laura Idella Seal</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Mrs Nellie G. Barr, 430 N. Hilton St.</b>			ADDRESS _____		
1B. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary insufficiency Acute</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerotic heart disease</b>			DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			_____		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>11/23, 1951</b> , to <b>10/9, 1953</b> , that I last saw the deceased alive on <b>6/19, 1923</b> , and that death occurred at <b>11 P. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>C. Edward Beach</b> M. O. _____			23B. ADDRESS <b>14 E. Eager St.</b>		23C. DATE SIGNED <b>10/12/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 13/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 15 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>4101 Edmondson Ave.</b>	

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53 9049

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9049

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

VIRGINIA STONER

2. DATE  
OF  
DEATH

10-9-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

SINAI

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

8-04

D. STREET ADDRESS (If rural, give location)

2325 E. CHASE ST.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 2, 1879

9. AGE (In years  
last birthday)

74

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Frederick, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Single Stoner - 2325 E. Chase St

18. 175X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Carcinomatosis

INTERVAL BETWEEN  
ONSET AND DEATH

about 1 1/2 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

Ca Ovary -

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 10-9-53 to 10-9-53, that I last saw the  
deceased alive on 10-9-53, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. U. Daniel

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10-9-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

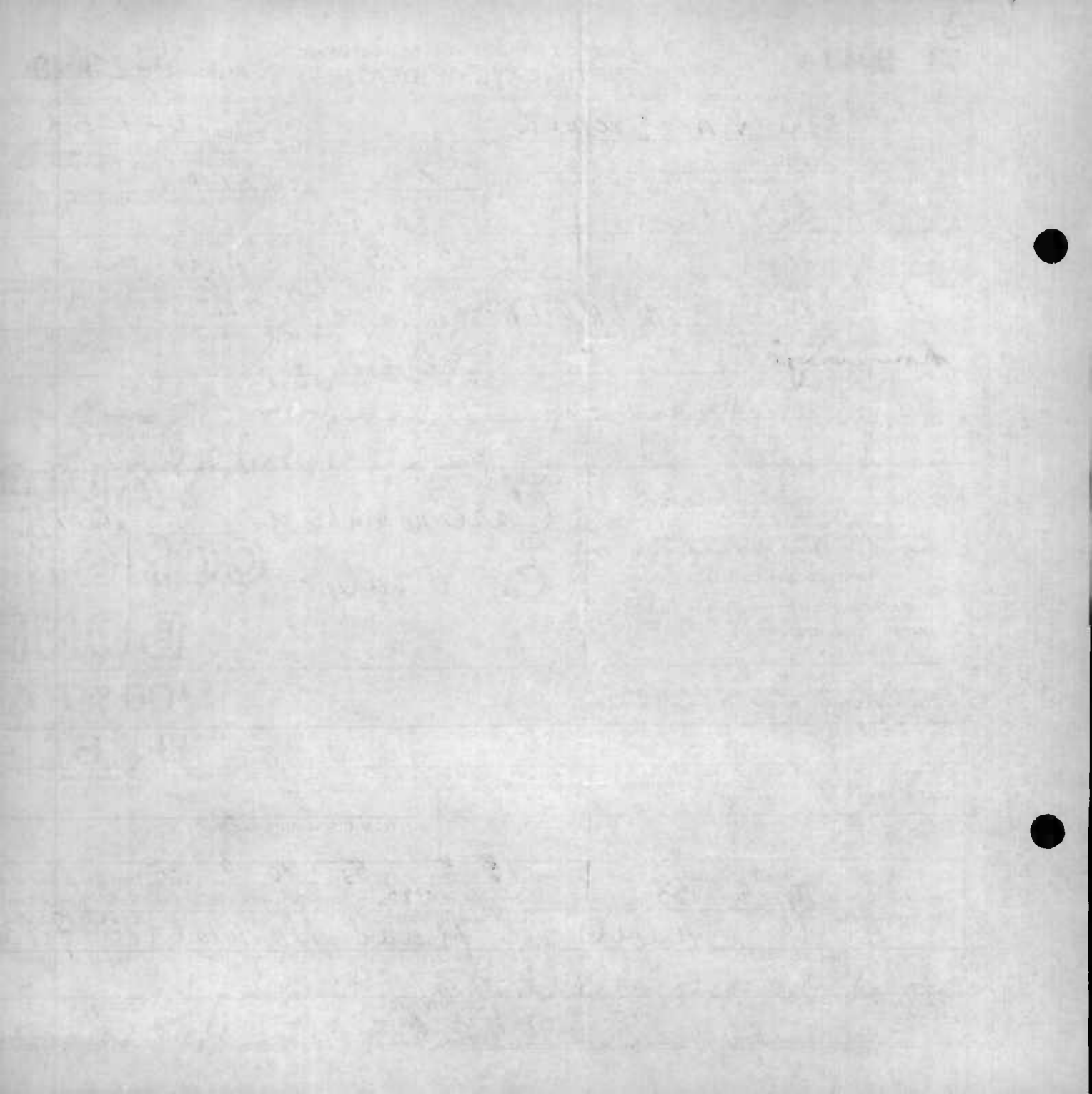
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

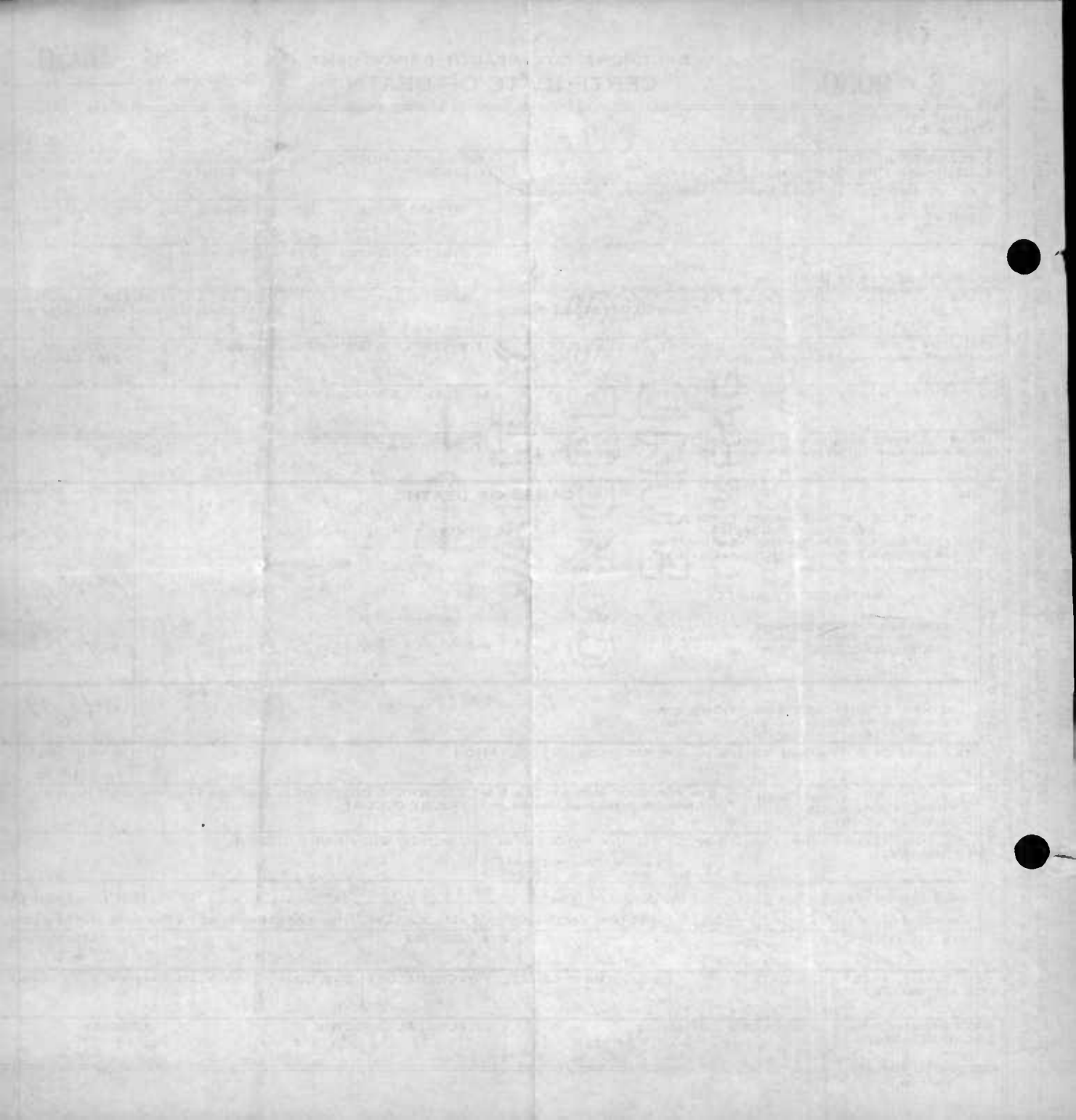


H-340  
 53 9050

BALTIMORE CITY HEALTH DEPARTMENT  
 CERTIFICATE OF DEATH

53 9050  
 Registered No.

1. NAME OF DECEASED (Type or Print) <b>ANNIE E HADEL</b>		2. DATE OF DEATH <b>OCT 11 / 53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>1203 JAMES ST</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>21-01</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE MD</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1021 S PACA ST.</b>	
5. SEX <b>FEM</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>NOV 13-1874</b>
9. AGE (In years last birthday) <b>78</b>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	9. AGE (In years last birthday) <b>78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	
11. BIRTHPLACE (State or foreign country) <b>BALTO MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS EDNA BEES-1303 JAMES ST</b>		ADDRESS	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary Artery Atherosclerosis</b> <b>Generalized Arteriosclerosis</b> <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30-60 sec</b> <b>10-15 yr ±</b> <b>10-15 yr ±</b> <b>10-15 yr ±</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>August</b> , 19 <b>53</b> , to <b>Oct. 11</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-10-53</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>E. A. M. O.</b>		23B. ADDRESS <b>642 N. Bld</b>	
23C. DATE SIGNED <b>10-12-53</b>			
24A. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-15-53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>BLEN HAVEN CEM</b>		24D. LOCATION (City, town, or county) (State) <b>RITCHIE HWY</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Bernard C. Fiske 121 E. Wood</b>	
25. FUNERAL DIRECTOR		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9051

53 9051

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma Louise Heil

2. DATE  
OF  
DEATH

Oct. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1713 N. Montford Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 8-02

D. STREET ADDRESS (If rural, give location)

1713 N. Montford Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 6, 1871

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Covington, Indiana

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Henry Dutcher

14. MOTHER'S MAIDEN NAME

Mary Eliza Schlatter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Marie Sophie Heil - 1713 N. Montford Ave

18.

420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Arterio sclerotic Heart Dis.

INTERVAL BETWEEN  
ONSET AND DEATH

? 10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25/49, 19, to 10/10/53, 19, that I last saw the  
deceased alive on 10/10/53, 19, and that death occurred at 8:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Max Bauer

23B. ADDRESS

M. D.

1501 E. Milton Ave

23C. DATE SIGNED

10/12/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington H. Bauer, Jr.

25. FUNERAL DIRECTOR

John C. Miller Inc. - 2421 E. Carey St.

ADDRESS

2421 E. Carey St.

1001 25

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE SECRETARY

1001 25





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE AMENDED 10/30/53 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

53 9052  
Registered No.53 9052  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Ralph Palma

2. DATE  
OF  
DEATH

Oct 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Merry Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, # 25

D. STREET ADDRESS (If rural, give location)

12 N. Highland Ave

C. Length of stay in Baltimore

14 yrs. Mos. Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 19 1915

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crane operator

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Michael Palma

14. MOTHER'S MAIDEN NAME

Carmela Spirito

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

183-03-7905

17. INFORMANT

ADDRESS

Josephine Palma 12 N. Highland Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Shock,

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Nephrosclerosis (path. report)

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

Oct 12, 1953

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Acute myocardial infarction

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953, to Oct 12, 1953, that I last saw the deceased alive on Oct 12, 1953, and that death occurred at 2:33 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

Merry Hospital

23C. DATE SIGNED

10-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15 1953 Holy Redeemer Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1953

Frank Della Uoe 322 S. High St.

See query reply in Document file.

U. S. 1, 1, 1, 1, 1

F. 655  
53 9053  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9053  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>FERNHEIMER, SAMUEL</b>				2. DATE OF DEATH <b>10.12.53.</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City</b>				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>42 Sinai Hospital</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore 15-13</b>			
c. Length of stay in Baltimore <b>Life</b>				D. STREET ADDRESS (If rural, give location) <b>2817 Boarman Ave</b>			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>3/31/1886</b>		9. AGE (In years last birthday) <b>67</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Furniture</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Lazarus Fernheimer</b>				14. MOTHER'S MAIDEN NAME <b>Julia</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>218-10-5896</b>		17. INFORMANT <b>Jerome Fernheimer - Same</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Myocardial infarct.</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Pulmonary edema</b>				DUE TO			
				<b>Shock</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-12-1953</b> , to <b>10-12-1953</b> , that I last saw the deceased alive on <b>10-12-1953</b> , and that death occurred at <b>11:30 am.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>Morris M. Goldberger</b>				23B. ADDRESS <b>Sinai Hospital Balto. Md.</b>		23C. DATE SIGNED <b>10.12.53.</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/13/1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Southern Ave</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>W. J. Lewis Inc. - 2100 E. Calumet Pl</b>		ADDRESS	

4906G

100

EXHIBIT  
OF  
THE  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

B-355

53 9054

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9054

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Emily J. Bateman

2. DATE  
OF  
DEATH

Oct. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

(Township)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

6826 Everall Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-05

D. STREET ADDRESS (If rural, give location)

6826 Everall Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 11, 1860

9. AGE (In years  
last birthday)

93

10. Under 1 Year  
Months Days

8

11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

London,  
Bristol, England12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

Hall

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ernest R. Bateman, 6826 Everall

18. 260 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Encephalomalacia  
Generalized and Cerebral  
arteriosclerosis

5 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetic gangrene left foot  
DIABETES MELLITUS7 1/2 years  
6 mos  
13 yrs

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to 10/12, 1953 that I last saw the  
deceased alive on 10/11, 1953, and that death occurred at 1:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

John H. Hirschfeld M.D.

23B. ADDRESS

6919 Harford Rd

23C. DATE SIGNED

10/12/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 14 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9055****B-420**  
**53 9055**  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)**LUTHER****BALLS**2. DATE  
OF  
DEATH**10/11/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE **Md.**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION**John Hopkins Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore****8-04**

D. STREET ADDRESS (If rural, give location)

**2211 E. Biddle St.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Colored**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

**March 4, 1895**9. AGE (in years  
last birthday)**58**If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Labourer**10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Pa.**12. CITIZEN OF  
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

**Esroo Balls**

14. MOTHER'S MAIDEN NAME

**Mary?**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**No****World War I**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Annabelle Balls 2211 E Biddle St.**18. **420.1**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

**CORONARY ARTERY  
SCLEROSIS**

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **INSPECTION** thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**J. H. Fisher**

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**10-11-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**Oct 11 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Paul's National Cemetery**

24D. LOCATION (City, town, or county)

**Frederick Co**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Wilmington, Delaware**

25. FUNERAL DIRECTOR

**Wm. H. Elliott & Daughter**

ADDRESS

**1129 N. Charles St.**

FOR 8

CERTIFICATE OF DEATH

1900

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

PROFESSION

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Minister

Signature of Justice

MAR-1-267

53 9056

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9056  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Wilbert Brown		Oct. 4, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Baltimore City Hospitals 4940 Eastern Ave.		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
17 yrs.		2712 Fox St. zone 18	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Negro	Single	Dec. 25, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Ump Labeur			56
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Texas			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Orange Brown (dec.)		Fannie Grady (dec.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		237-12-3384	
17. INFORMANT		ADDRESS	
B. C. H.		4940 Eastern Ave. (records)	
18. 002X CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Pulmonary Tuberculosis			
DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B)			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19			
20. AUTOPSY?		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-23, 1953, to 10-4, 1953 that I last saw the deceased alive on 10-4, 1953, and that death occurred at 12:25 PM., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
H. John Ober		4940 Eastern Ave.	
M. D.		23C. DATE SIGNED	
		10-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		Oct 14/53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt. Calvary Cemetery		PA County Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
OCT 13 1953		Huntington	
25. FUNERAL DIRECTOR		ADDRESS	
Mrs. G. Elliott & Daughter		1129 N. Caroline St.	

WILLIAM H. HARRIS

WILLIAM H. HARRIS

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WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

WILLIAM H. HARRIS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9057  
Registered No. 53 9057

53 9057

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Nettie C. Spitzer

2. DATE OF DEATH  
October 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

3455 Keswick Road

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3455 Keswick Road

C. Length of stay in Baltimore 40 years

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

March 26, 1903

9. AGE (In years last birthday)

50

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY  
U S A

13. FATHER'S NAME

William H. Sullivan

14. MOTHER'S MAIDEN NAME

Susie Armacost

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
-----

17. INFORMANT

John F. Spitzer 3455 Keswick Road

ADDRESS

18. 415X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Rheumatic C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Acute Myocardial Infarction sudden.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1953 to 10-11, 1953 that I last saw the deceased alive on 10-9, 1953, and that death occurred at 7:14 a.m., from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

131953

Huntington Williams & Co. Burge & Fudera Home 3631 Falls Road

10131953

Horace F. Burge

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A-535  
53 9058BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9058

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Adam J. Anton			2. DATE OF DEATH Oct. 11 - 53		
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md.		
b. FULL NAME OF HOSPITAL OR INSTITUTION 5604 Greenhill Ave			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 26-01		
d. Length of stay in Baltimore 1 1/2 yrs			e. STREET ADDRESS (If rural, give location) 5604 Greenhill Rd		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27 - 1866		9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper hanger		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Anton			14. MOTHER'S MAIDEN NAME Monica Dickelman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Anna M. Anton (wife) 5604 Greenhill Rd		

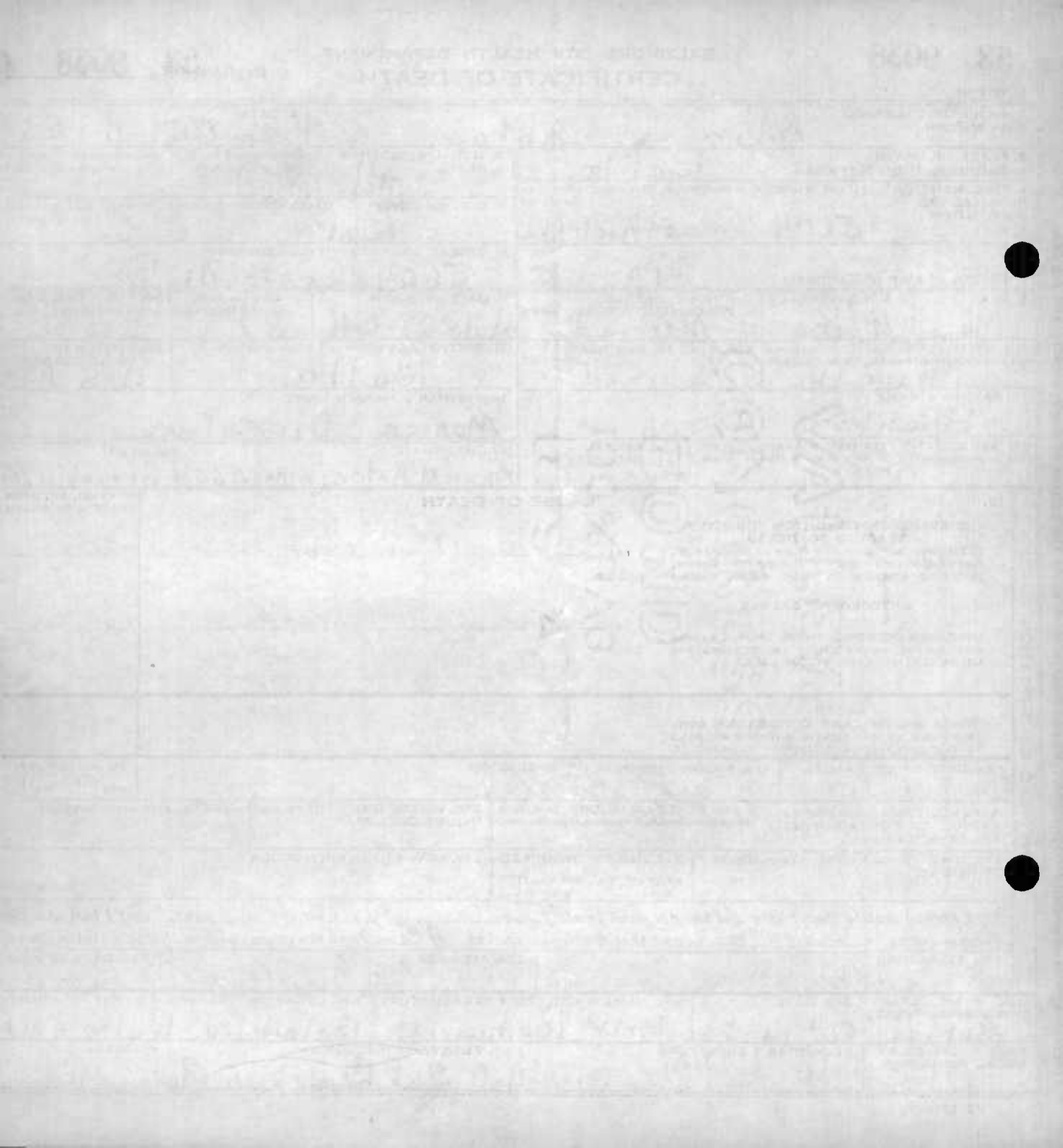
18. 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Toxic Absorption	INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Carcinoma of Bladder	1 1/2 years
(C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION August 1953	19b. MAJOR FINDINGS OF OPERATION Ca. of Bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952 to Oct. 11, 1953, that I last saw the deceased alive on Oct. 10, 1953, and that death occurred at 4:45 m., from the causes and on the date stated above.

23a. SIGNATURE Michael J. Dausch M. D.	23b. ADDRESS 4636 Belair Road	23c. DATE SIGNED 10/12/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 14 - 53	24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24d. LOCATION (City, town, or county) Balto. 6, Md.	25. FUNERAL DIRECTOR 131953 Huntington Williams 10	ADDRESS 7110 Belair Rd.



-650

**TIERNEY**  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 9059**IRTH NO. **53 9059**NAME OF DECEASED  
(Type or Print)**Michael J. Tierney**2. DATE  
OF  
DEATH**Oct 12, 1953**

PLACE OF DEATH:

**Baltimore City, Maryland Baltimore**FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION **924 E. Chase St**3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE **md**  
B. COUNTY **10-01**C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
**Baltimore**D. STREET ADDRESS (If rural, give location)  
**924 E. Chase St**

Length of stay in Baltimore

SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Labor at Baltimore City**

10B. KIND OF BUSINESS OR INDUSTRY

**Construction**

9. FATHER'S NAME

**Hugh Tierney**

8. DATE OF BIRTH

**July 22, 1906**

9. AGE (In years, last birthday)

**47**

11 Under 1 Year Months: Days

**2 21**

12 Under 24 Hours Hours: Min.

**2 21**

11. BIRTHPLACE (State or foreign country)

**Baltimore Md**

12. CITIZEN OF WHAT COUNTRY?

**USA**

14. MOTHER'S MAIDEN NAME

**Nora O'Connell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

**Mrs Bessie S. Tierney**

ADDRESS

**924 E. Chase St**18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

**Myocardial - edema - acute left ventricular failure****1 day****at least****2 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

**Coronary - vascular - renal disease**

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

11

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **15 June, 1951**, to **12 Oct, 1953**, that I last saw the deceased alive on **12 Oct, 1953**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Samuel Filinfil**

23B. ADDRESS

**714 E. Preston St**

23C. DATE SIGNED

**13 Oct. 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10-16-1953**

24C. NAME OF CEMETERY OR CREMATORY

**Mount Holy Redeemer Cemetery, Baltimore, Md**

24D. LOCATION (City, town, or county) (State)

**Baltimore, Md**

25. FUNERAL DIRECTOR

ADDRESS

**Huntington Hall****131953**



3-635

53 9060

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9060  
Registered No.1. NAME OF DECEASED  
(Type or Print)

MARGARET E. BRITTON

2. DATE  
OF  
DEATH

Oct 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5103 Frederick Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 25-31D. STREET ADDRESS (If rural, give location)  
5103 Frederick Ave

C. Length of stay in Baltimore

Lifetime

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

B. DATE OF BIRTH

Aug 6, 1873

9. AGE (in years  
last birthday)

80

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)  
Baltimore12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Barry

14. MOTHER'S MAIDEN NAME

Alberta Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, (no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Beatrice A. Rutz 5103 Frederick

18. 422.1 I

CAUSE OF DEATH

Acute Cardiac Failure

INTERVAL BETWEEN  
ONSET AND DEATH

1 hr

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

ANTECEDENT CAUSES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10/46, 19, to 10/12, 1953, that I last saw the deceased alive on 10/12, 1953, and that death occurred at 3:30 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1953

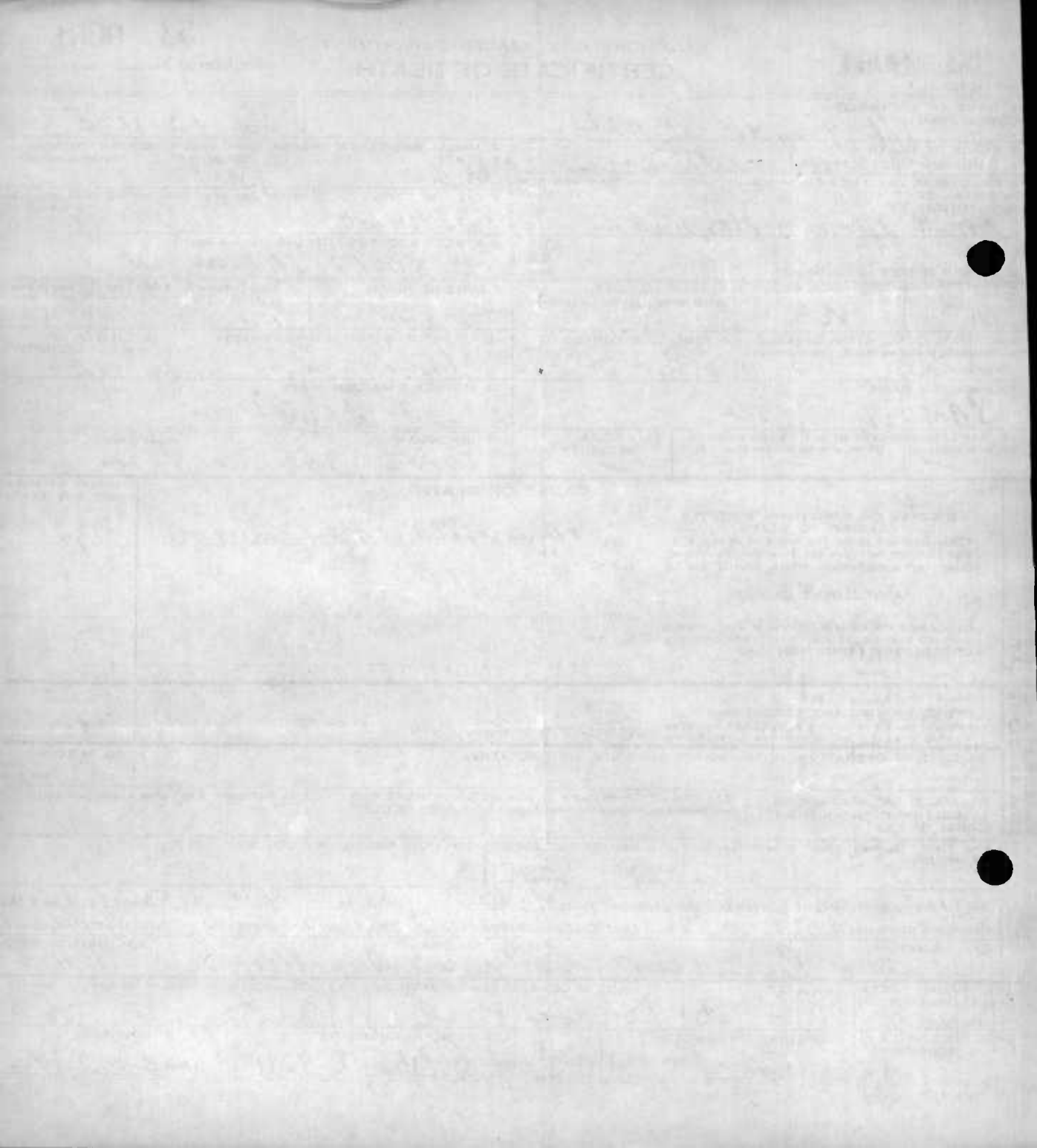
Huntington Williams, John G. Hughes 5311 Edmondson Ave

18  
 19

10/12/1913  
 10/12/1913







PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **9062**
**53**  
BIRTH NO. **9062**

1. NAME OF DECEASED (Type or Print) <b>CELIA FALK</b>		2. DATE OF DEATH <b>10-12-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2460 Keyworth Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 15-12</b>	
c. Length of stay in Baltimore <b>60</b> Yrs. <b>60</b> Mos. <b>60</b> Days		D. STREET ADDRESS (If rural, give location) <b>2460 Keyworth Ave</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Abraham</b>		14. MOTHER'S MAIDEN NAME <b>Rebby</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Belle Sherman</b>		ADDRESS <b>Danville</b>	

18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Auto cardiac dilatation</b>		

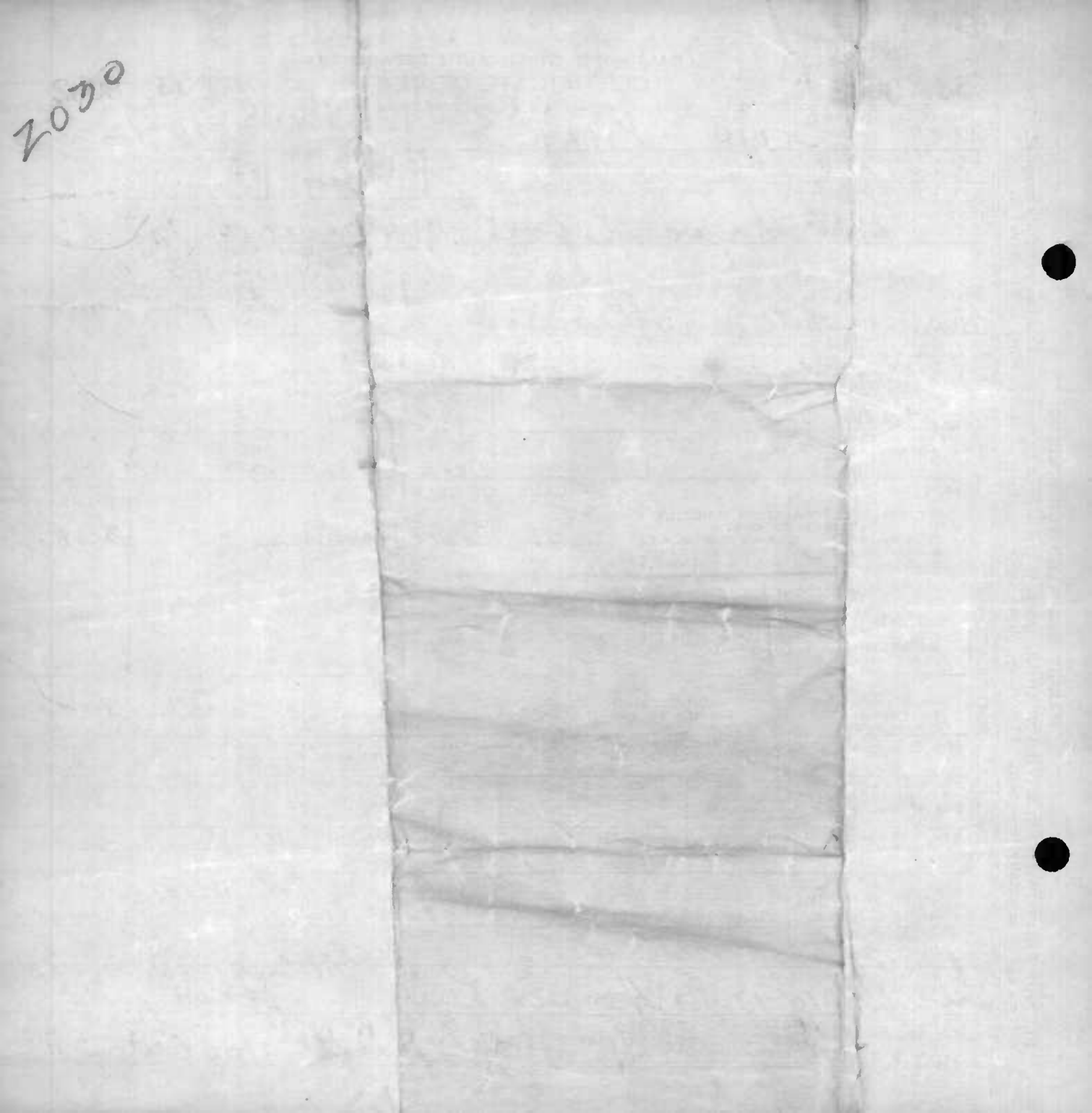
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 30, 1953** to **Oct 12, 1953**, that I last saw the deceased alive on **10/12/53**, and that death occurred at **4:10 PM.** from the causes and on the date stated above.

23A. SIGNATURE **Bessie Wells MD** M. O. **230 W. Ebers Ave** 23B. ADDRESS **10/12/53** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-13-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Herring Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>2100 Canton Rd</b>



2030

AB-174855  
A-53-210  
53 9063BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9063

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Warfield Ashby

2. DATE  
OF  
DEATH

10-11-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

3112 Barclay St.

c. Length of stay in Baltimore

20 days

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May-6r-  
Feb. 14 18869. AGE (In years  
last birthday)

67

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert Ashby

14. MOTHER'S MAIDEN NAME

Maggie Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

YES

1903-1907

16. SOCIAL  
SECURITY NO.

216-01-5580A

17. INFORMANT

4940 Eastern Ave.  
Records: Baltimore City Hospitals

18. 541.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Duodinal Ulcer with Hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.Hypertensive Cardio-Vascular Disease  
with Congestive Failure

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21-1953 to 10-11-1953, that I last saw the  
deceased alive on 10-11-1953, and that death occurred at 4.10pm, from the causes and on the date stated above.

23A. SIGNATURE

H. E. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-12-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-15-53

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

5501 FREDERICK AVE

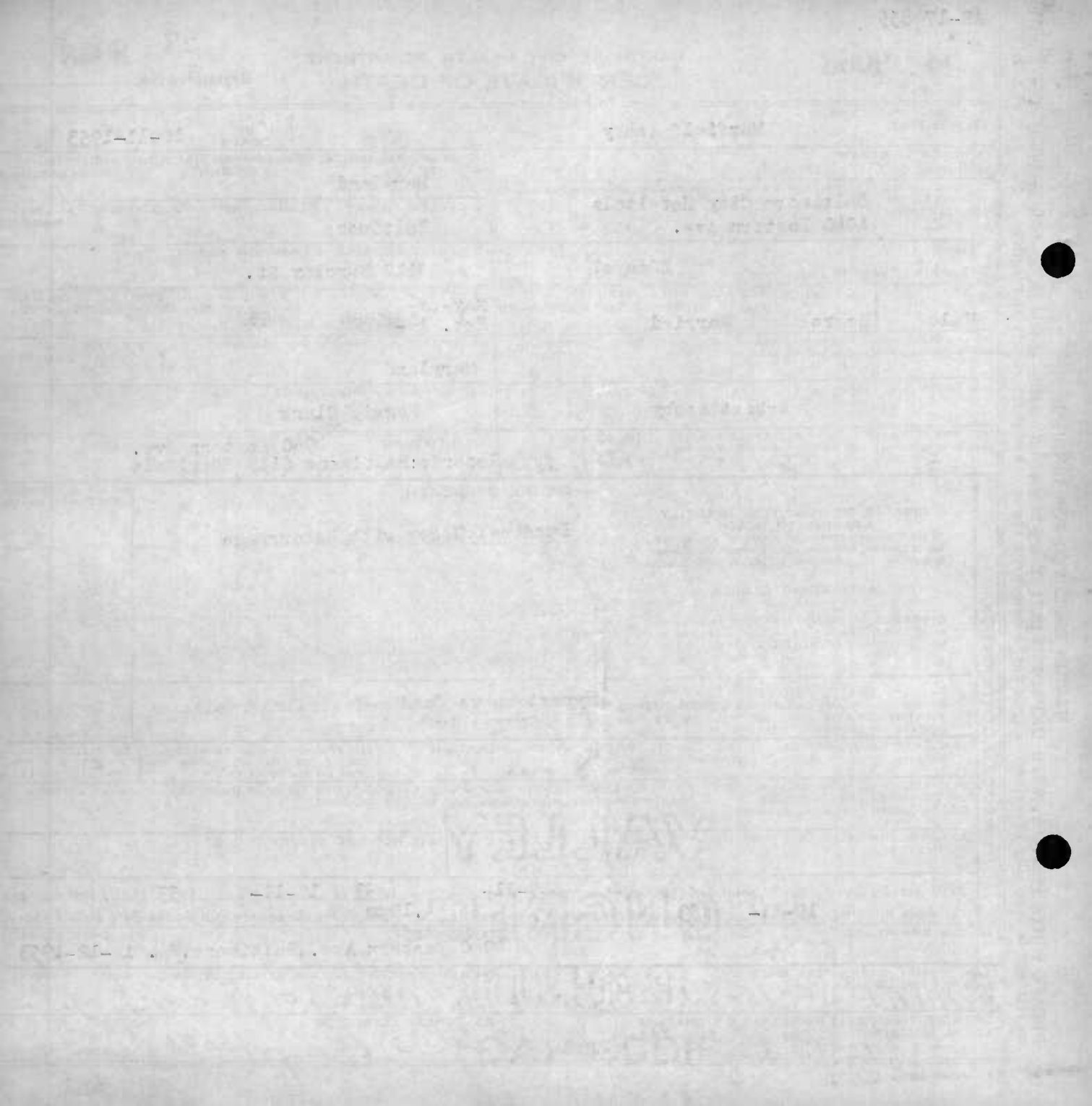
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9064

BIRTH NO.

53 9064

1. NAME OF DECEASED  
(Type or Print)

Crowther, Caroline Carolyn S. Crowther

2. DATE  
OF  
DEATH

10-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

42 Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-04

D. STREET ADDRESS (If rural, give location)

2230 E. Hoffman St.

c. Length of stay in Baltimore

35 Years

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 3, 1882

9. AGE (In years,  
last birthday)

71

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Wilkes- Barre Pa.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hans Schmidt

14. MOTHER'S MAIDEN NAME

Mary T. Turkes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

187-03-5435

17. INFORMANT 2230 E. Hoffman St

Mr. Samuel H. Crowther

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1953, to 10-11, 1953, that I last saw the deceased alive on 10-11, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Anderson

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10-11-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Hillside Cemetery

24D. LOCATION (City, town, or county)

Wilkes- Barre Pa.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

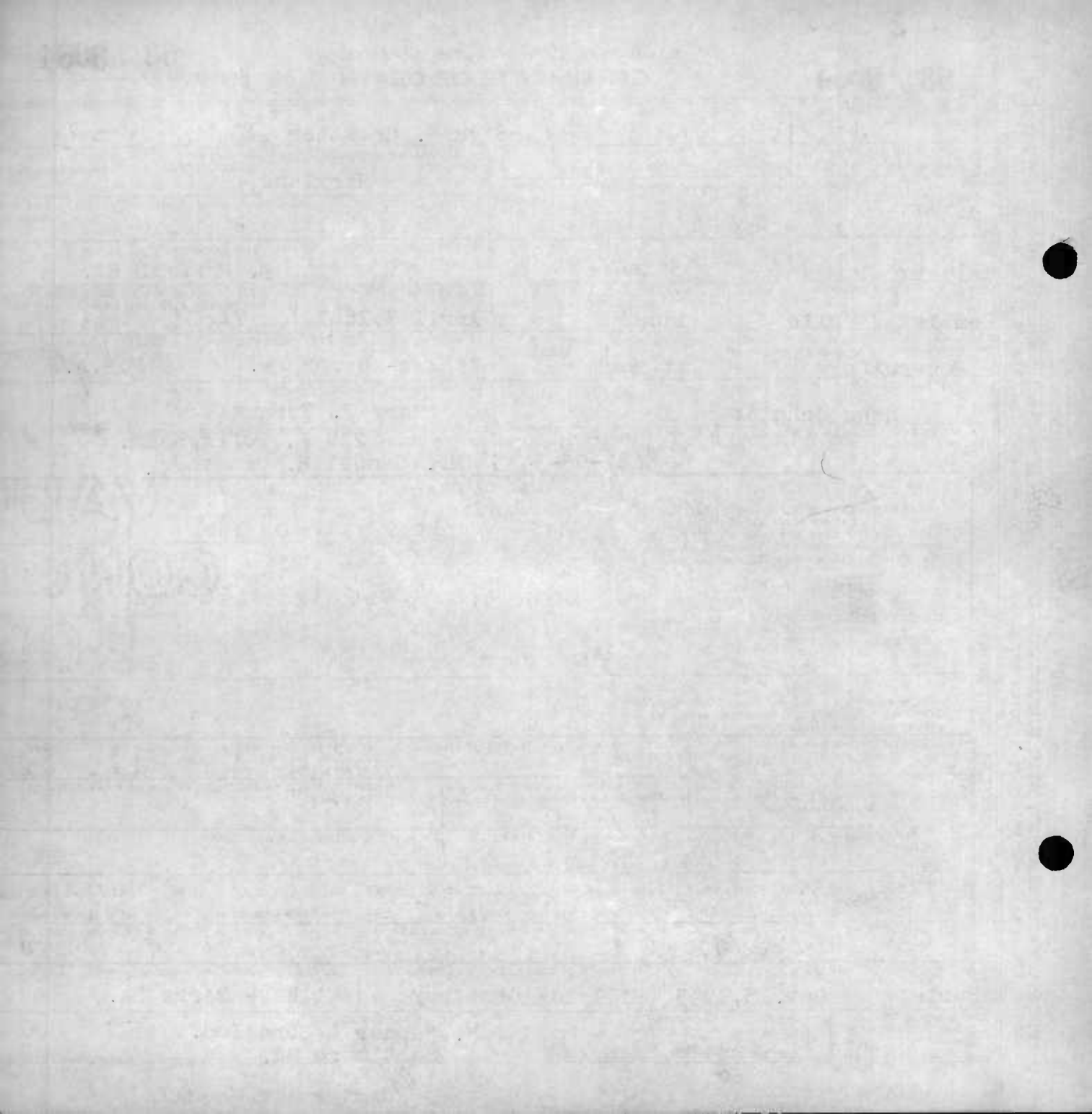
25. FUNERAL DIRECTOR

H. Sander &amp; Sons Inc.

ADDRESS

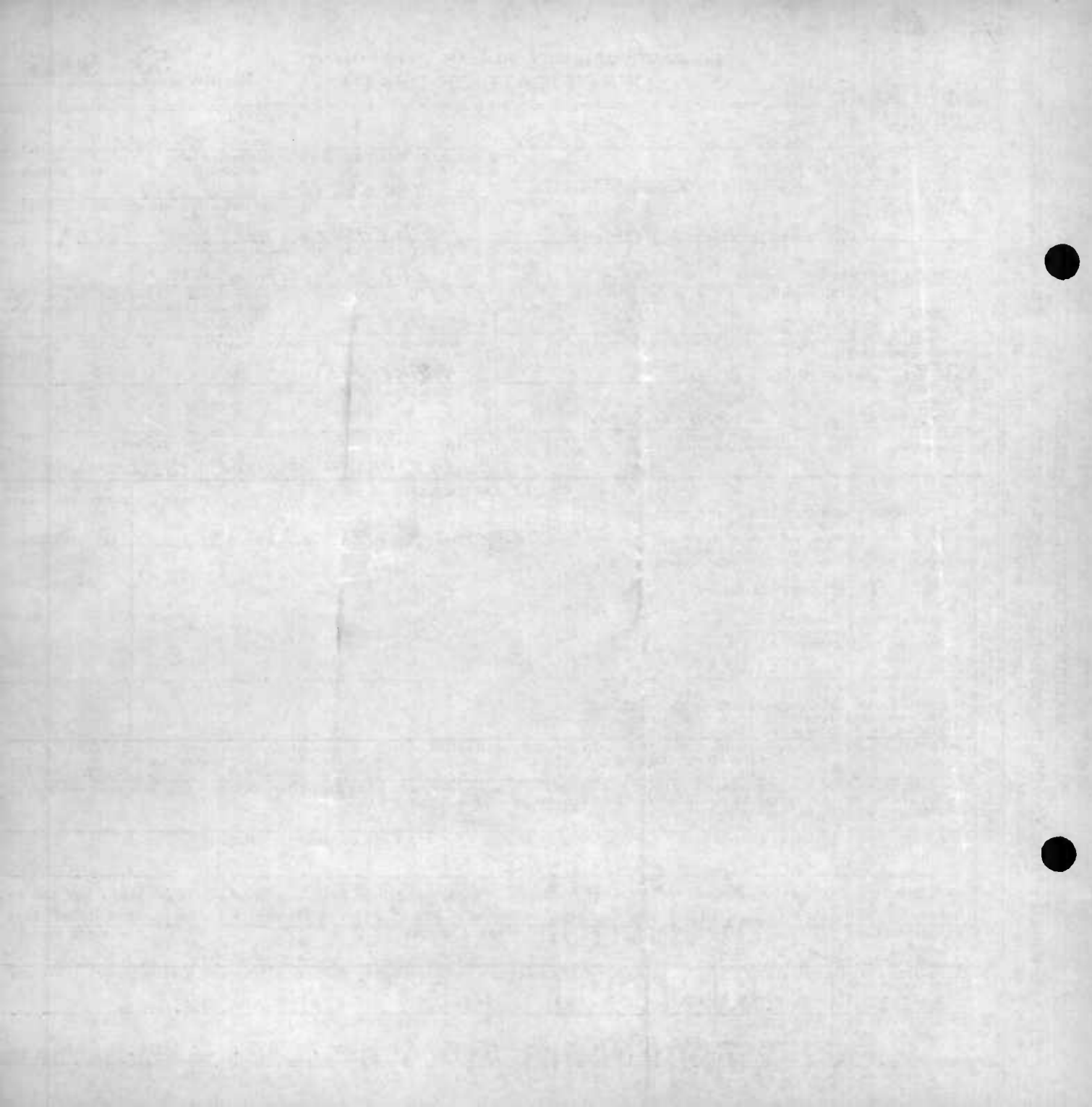
Baltimore Md.

George Sander



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9065**BIRTH NO. **53 9065**

1. NAME OF DECEASED (Type or Print) <b>JOHN LEO MATHISON</b>		2. DATE OF DEATH <b>10/11/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>37 MERCY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 12-03</b>	
c. Length of stay in Baltimore <b>62</b>		D. STREET ADDRESS (If rural, give location) <b>2612 N. CALVERT</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>5/10/92</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOTEL CLERK</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>62</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>GEORGE L. MATHISON</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <b>US.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>?</b>	
17. INFORMANT <b>ELIZABETH SIMMONS - SISTER - SAME AS</b>		ADDRESS	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CORONARY THROMBOSIS</b> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <b>7 HOURS</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>✓</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/11</b> , 19 <b>53</b> , to <b>10/11</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/11</b> , 19 <b>53</b> , and that death occurred at <b>10 P. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Harry A. Weeks</b>		23B. ADDRESS <b>Mercy Hospital</b>	
23C. DATE SIGNED <b>10/11/53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 14, 1953</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1953</b>		REGISTRAR'S SIGNATURE <b>Thurston H. Williams</b>	
25. FUNERAL DIRECTOR <b>W. H. H. &amp; Son, 501 E. 22nd St.</b>		ADDRESS	



AB-175435

53 9066

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9066  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Daniel Burley Boone

2. DATE OF DEATH  
10-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONBaltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 6-05

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1732 Orleans St.

31

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Sept. 5 - 1868

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Veterinarian

10B. KIND OF BUSINESS OR INDUSTRY  
Self Emp.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel B. Boone Sr.

14. MOTHER'S MAIDEN NAME

---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

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16. SOCIAL SECURITY NO.  
none17. INFORMANT 4940 Eastern Ave. ADDRESS  
Records: Baltimore City Hospitals

18.

490X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pneumonia, Right Upper Lobe, Right Lower Lobe, Left Lower Lobe due to Aspiration  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6-1953, to 10-10-1953, that I last saw the deceased alive on 10-10-1953, and that death occurred at 9:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Johnson, M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 14/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

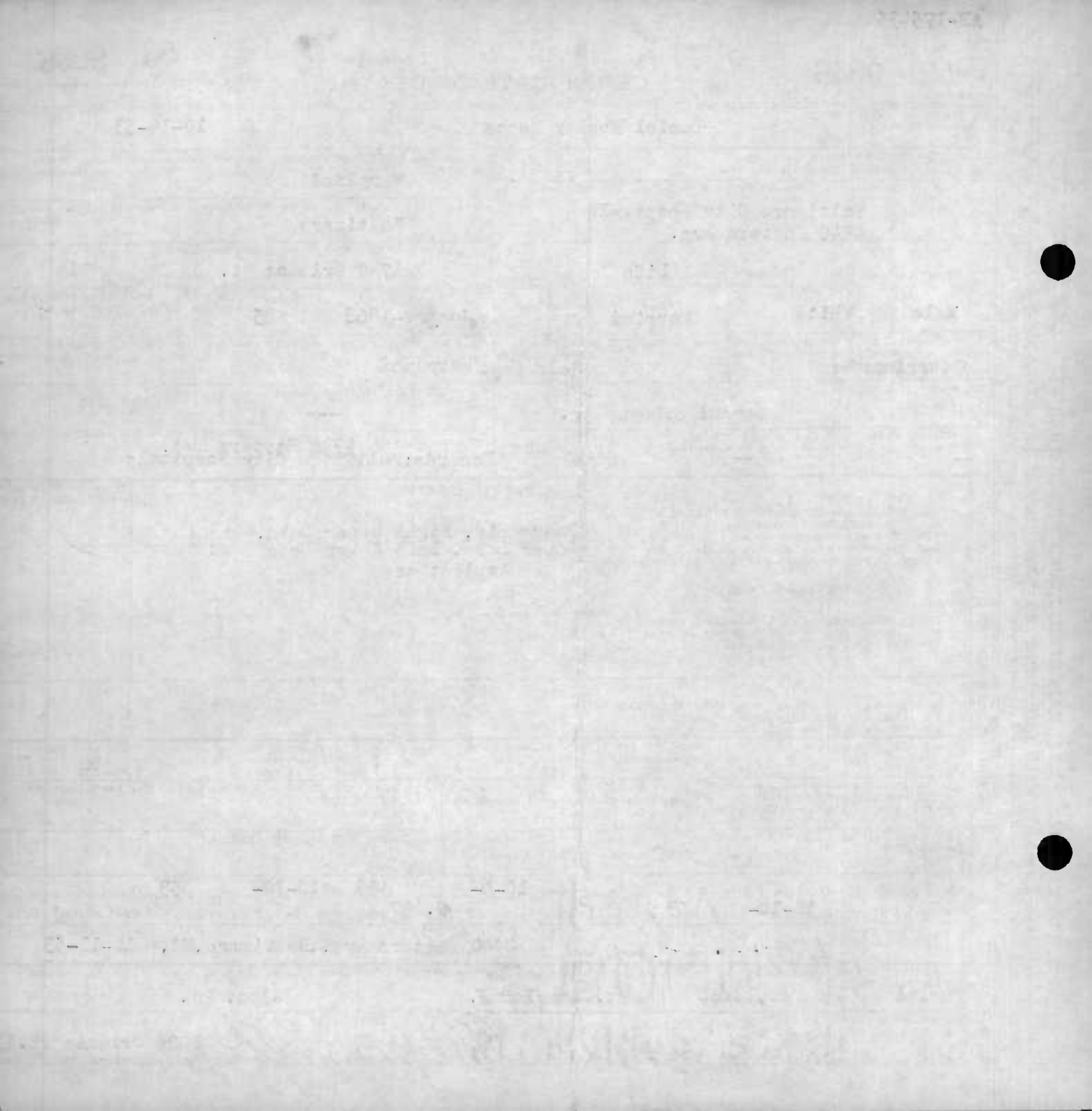
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1953

2024 Orleans St. 31

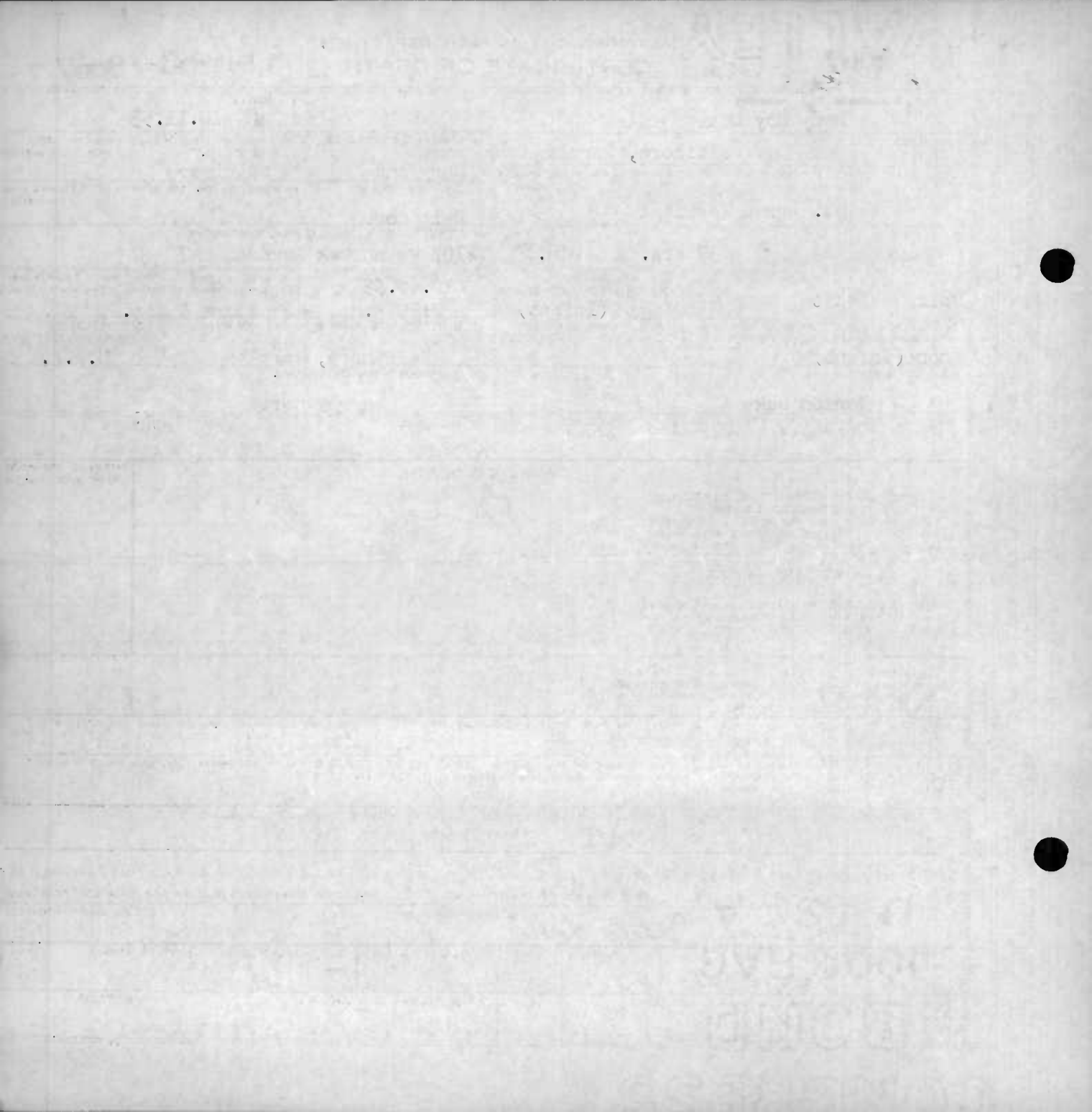




BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53-9867

BIRTH NO. 53-9867-25432		1. NAME OF DECEASED (Type or Print) Baby Boy Duke		2. DATE OF DEATH 10.11.53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION 40 St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5300			
c. Length of stay in Baltimore 37 Hrs. & 5 Min.		D. STREET ADDRESS (If rural, give location) 2107 Gwynn Oak Avenue #7			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single (Infant)	8. DATE OF BIRTH 10.10.53 7:10 A.M.	9. AGE (In years last birthday) 37 Hours 5 Min.	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none (Infant)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Herman Duke		14. MOTHER'S MAIDEN NAME Audrey Hart		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS HERMAN DUKE 6 2107 GWYNN OAK AVE	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Prematurity		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-10-53 19, to 10-11-53 19, that I last saw the deceased alive on 10-11-53 19, and that death occurred at 8:50 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Salvador Calin Ruyd		23B. ADDRESS St Agnes Hosp		23C. DATE SIGNED 10-12-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE OCT. 13, 1953		24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN MEMORIAL PARK	
DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1953		REGISTRAR'S SIGNATURE Huntington Williams		24D. LOCATION (City, town, or county) (State) GREENBAY, ANNE ARUNDEL, MD.	
25. FUNERAL DIRECTOR Embume 1328 Sulphur Sp. Rd		ADDRESS			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Z-532

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9068

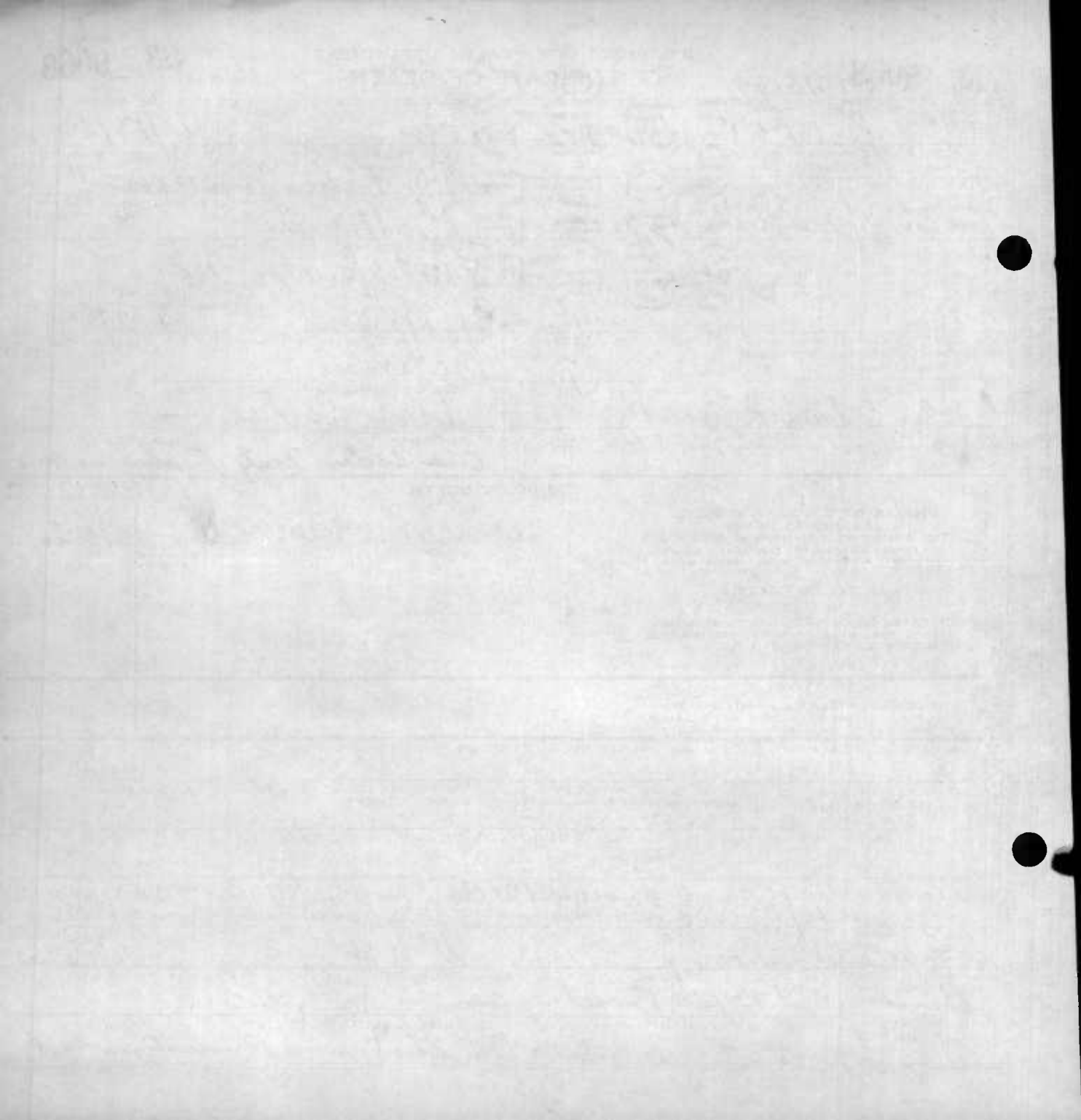
53 9068  
BIRTH NO. 53-19199

1. NAME OF DECEASED (Type or Print) <b>ROBERT JOSEPH ZENTZ</b>		2. DATE OF DEATH <b>10/13/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>ANNAPOLIS</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>Finksburg, Md.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>8/17/53</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John Edward Zentz</b>		14. MOTHER'S MAIDEN NAME <b>Cora Carter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Cora Carter Zentz Finksburg Md</b>		ADDRESS	

MEDICAL CERTIFICATION

18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Aspiration pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>About 18 hrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) DUE TO</b>		
<b>(B) DUE TO</b>		
<b>(C) DUE TO</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/12</b> <sup>1953</sup> to <b>10/13</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10/13</b> , 19 <b>53</b> , and that death occurred at <b>5:05 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Earle E. Pencer, Jr.</b>		23B. ADDRESS <b>O M H</b>		23C. DATE SIGNED <b>10/12/53</b>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE <b>Oct. 15/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Finksburg Cem.</b>	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Elmer S. Sams</b>	
VS 150		ADDRESS <b>Rockville Md</b>			



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9069

F-200  
53 9069  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

WESLEY FOX

2. DATE  
OF  
DEATH

10/8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

38 University Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

7-05

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1712 E. Madison St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

June 4th

9. AGE (In years  
last birthday)

63

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Steel Mfg.

11. BIRTHPLACE (State or foreign country)

Hanover Co, VA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Zorn Fox

14. MOTHER'S MAIDEN NAME

Julia Fox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Fox Allen Daughter

18. 241X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

1636 - C Monument St

INTERVAL BETWEEN  
ONSET AND DEATH

(A)

Cor pulmonale

DUE TO

ANTECEDENT CAUSES

(B)

Chronic bronchial asthma

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic CV disease

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9/18 1953, to 10/8 1953, that I last saw the  
deceased alive on 10/8 1953, and that death occurred at 1:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Warner

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/8/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 13 1953

H. H. Wilson

VS 150

6903A 1000 Brantley Ave





AB-174599

53 3070

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 3070

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Florence Bostick

2. DATE  
OF  
DEATH

10-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto, city

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

415 N. Stricker St. zone 4

c. Length of stay in Baltimore

39yrs.

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 7- 1894

9. AGE (In years  
last birthday)

59

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Warick Booker

14. MOTHER'S MAIDEN NAME

Carrie Willis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
4940 Eastern Ave.  
Records: Baltimore City Hospitals

18. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma Sigmoid Widespread Metastasis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1953, to 10-9-53, 1953, that I last saw the deceased alive on 10-9-53, 1953, and that death occurred at 7:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-10-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-13-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

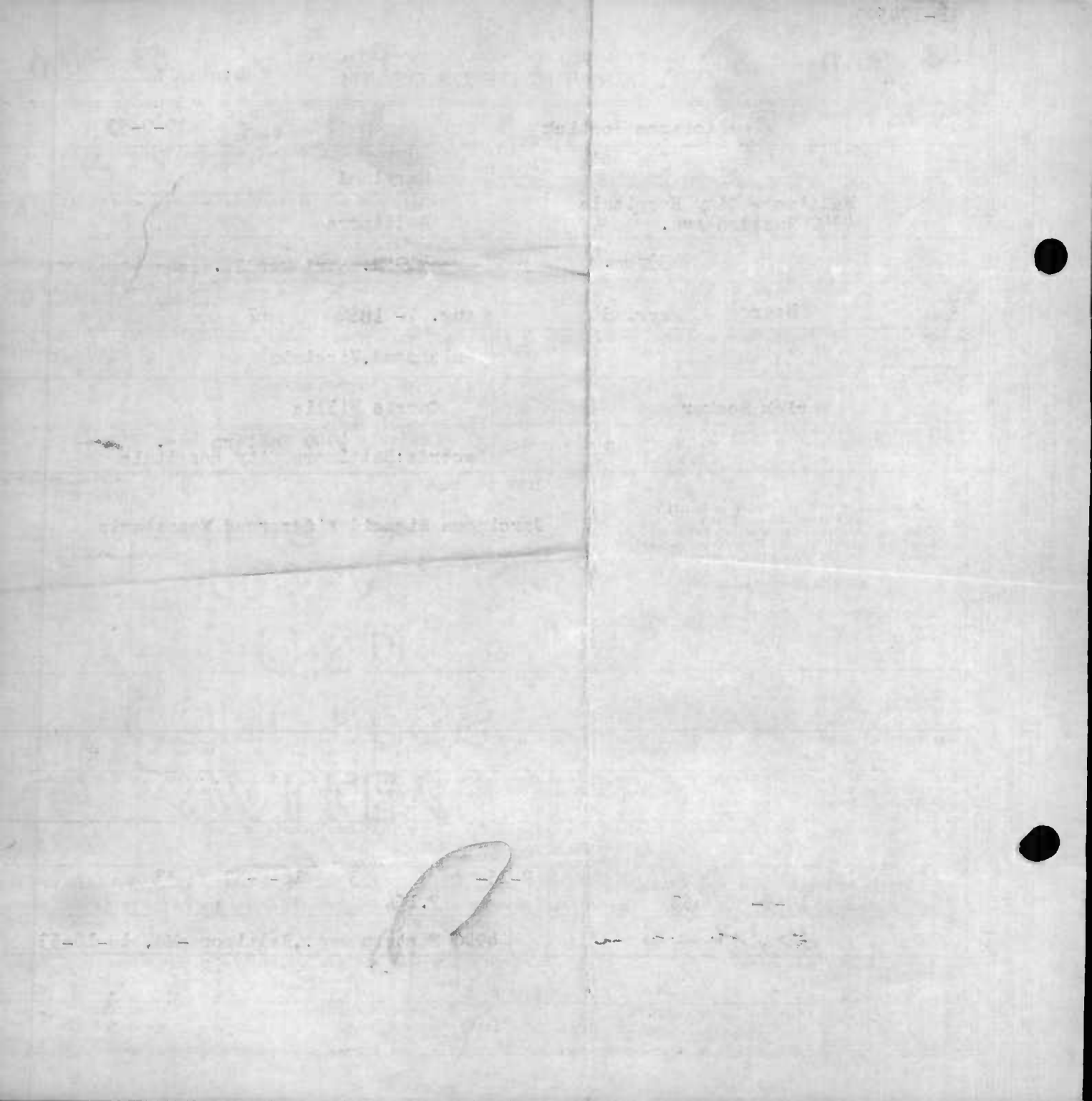
REGISTRAR'S SIGNATURE

H. J. Johnson

25. FUNERAL DIRECTOR

Geo. B. Wilson 1000 Broadway

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 53 9071  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BEATRICE L. WHITE

2. DATE  
OF  
DEATH

10/11/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

FRANKLIN SQUARE HOS.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 20-02

D. STREET ADDRESS (If rural, give location)

21 N. CATHERINE ST

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Feb-7-1911

9. AGE (In years  
last birthday)

42

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

COOK

10B. KIND OF BUSINESS OR  
INDUSTRY

CAFETERIA

11. BIRTHPLACE (State or foreign country)

BALTO - MD

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

SCHWARTZ

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

214-12-0227

17. INFORMANT

ADDRESS

VERNON F. WHITE - 21 N. CATHERINE

18. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
10-11-5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)DATE RECEIVED BY  
LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

OCT 13 1953

Huntington

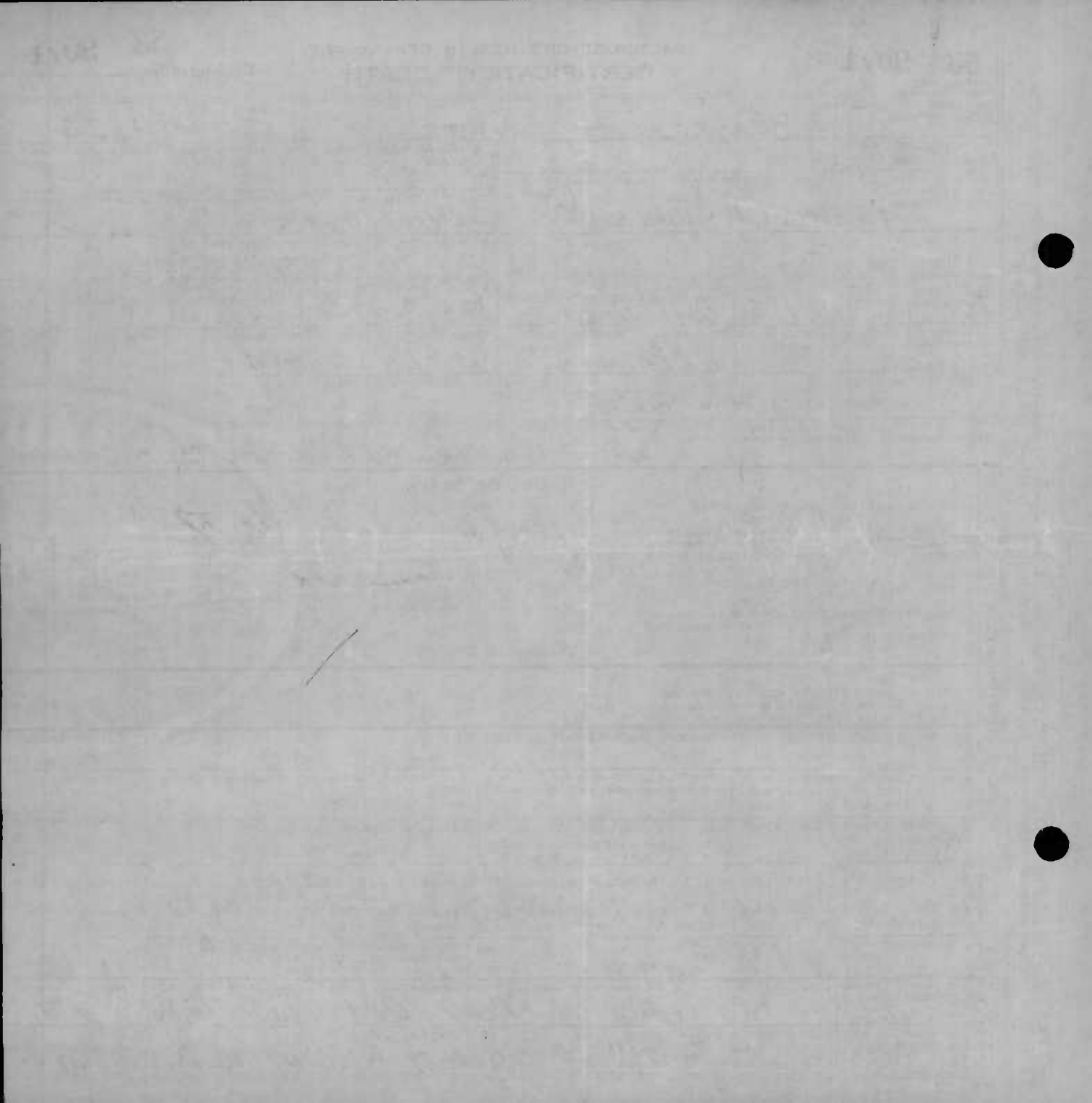
25. FUNERAL DIRECTOR

ADDRESS

THOMAS J. KENNY, Inc. 1600 Hollins St

VS 151

7546M



53 9072

53 9072

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Alberta Gibson

2. DATE  
OF  
DEATH

10-10-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2711 Carey St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1009 Edmondson Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-1-1953 to 10-12-1953 that I last saw the deceased alive on 10-10-1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

Form No. 1 (1915)

DEATH CERTIFICATE

IN THE CITY AND COUNTY OF ALBANY

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS CAUSE

PREVIOUS EFFECT

PREVIOUS RESULT

PREVIOUS ACTION

PREVIOUS REACTION

PREVIOUS RESPONSE

PREVIOUS REACTION

PREVIOUS RESPONSE

PREVIOUS ACTION

PREVIOUS REACTION

PREVIOUS RESPONSE

PREVIOUS ACTION

PREVIOUS REACTION

PREVIOUS RESPONSE

PREVIOUS ACTION

PREVIOUS REACTION

PREVIOUS RESPONSE

PREVIOUS ACTION

PREVIOUS REACTION

PREVIOUS RESPONSE

PREVIOUS ACTION

PREVIOUS REACTION

PREVIOUS RESPONSE

PREVIOUS ACTION

PREVIOUS REACTION

PREVIOUS RESPONSE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Barry

2. DATE  
OF  
DEATH

10/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2521 W. Balto. St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 20-04

D. STREET ADDRESS (If rural, give location)

2521 W. Balto. St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/5/1887

9. AGE (In years last birthday)

66

10. Under 1 Year Months: Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work and duration of working life, even if retired)

Sanitation

10B. KIND OF BUSINESS OR INDUSTRY

City of Balto.

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John N. Beumler

14. MOTHER'S MAIDEN NAME

Catherine (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm N. Barry 2521 W. Balto. St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) ...  
DUE TO

Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...  
DUE TO  
(C) ...

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1953, to Oct 11, 1953, that I last saw the deceased alive on Oct 9, 1953 and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Milton S. ...

23B. ADDRESS

1420 W. Fourth St.

23C. DATE SIGNED

10/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/14/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Elizabeth ...

25. FUNERAL DIRECTOR

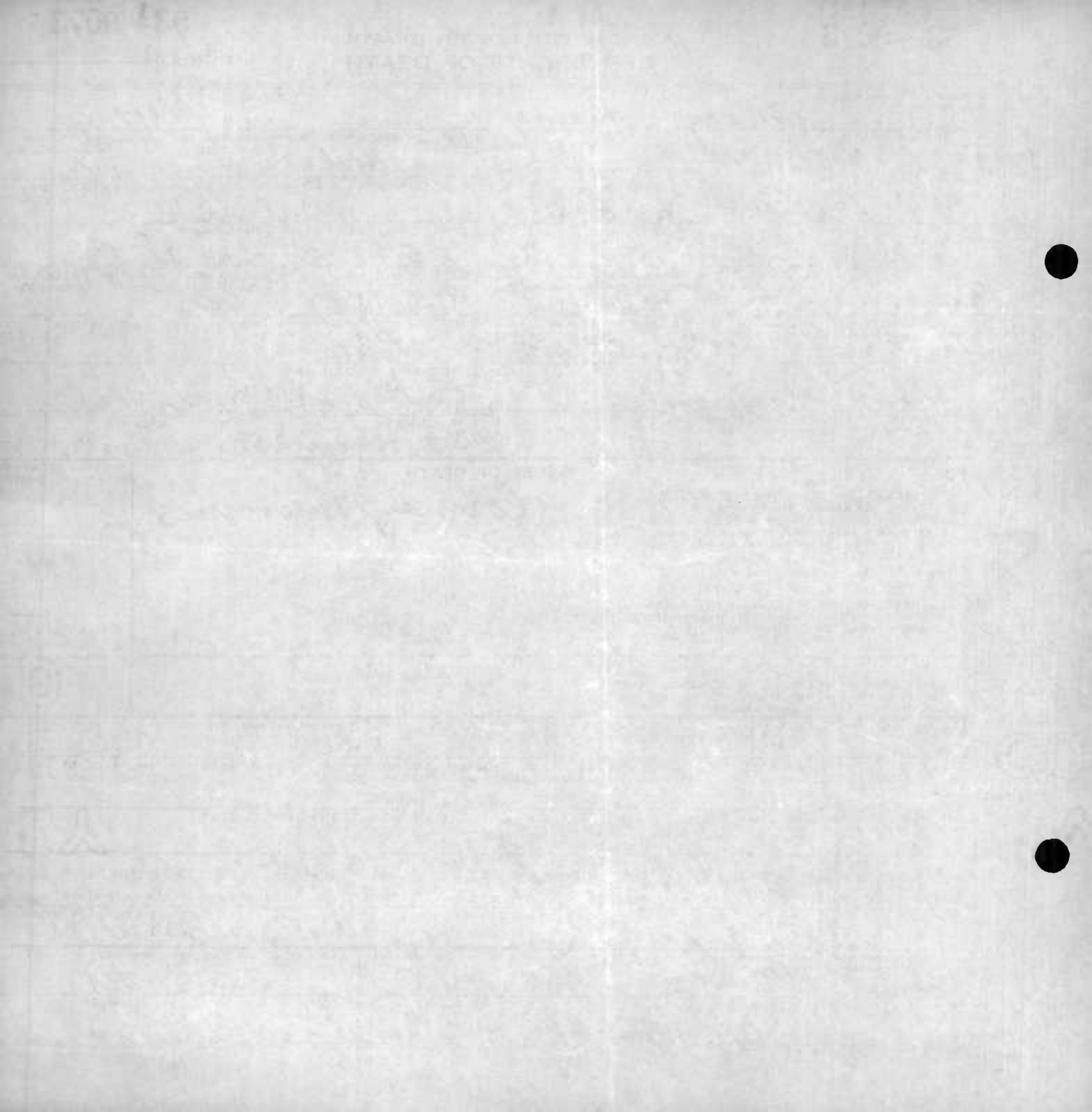
ADDRESS

Wm C. K. Inc. 1217 St. Paul St.

OCT

VS 150

770-93



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

53 9074

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Harry L. Schroeder

2. DATE  
OF DEATH October 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1611 E. Oliver Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1611 E. Oliver Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

June 21, 1879

9. AGE (In years  
last birthday)

74

11 Under 1 Year  
Months: Days12 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired - Printer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles C. F. Schroeder

14. MOTHER'S MAIDEN NAME

Ella A. Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
216-03-863417. INFORMANT ADDRESS  
Harry Schroeder, 9 Ferdinand Ave. Ferndale

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO(B) .....  
DUE TO

(C) .....

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1953 to 8/1, 1953 that I last saw the  
deceased alive on 8/1, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
removal24B. DATE  
10/13/5324C. NAME OF CEMETERY OR CREMATORY  
Riverview Cemetery24D. LOCATION (City, town, or county)  
Richmond, VirginiaDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

131853

VS 150

Huntington Willever, Jr.

Wm. Book Co.,

1217 St. Paul Street

5124M

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

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95. [Illegible text]

96. [Illegible text]

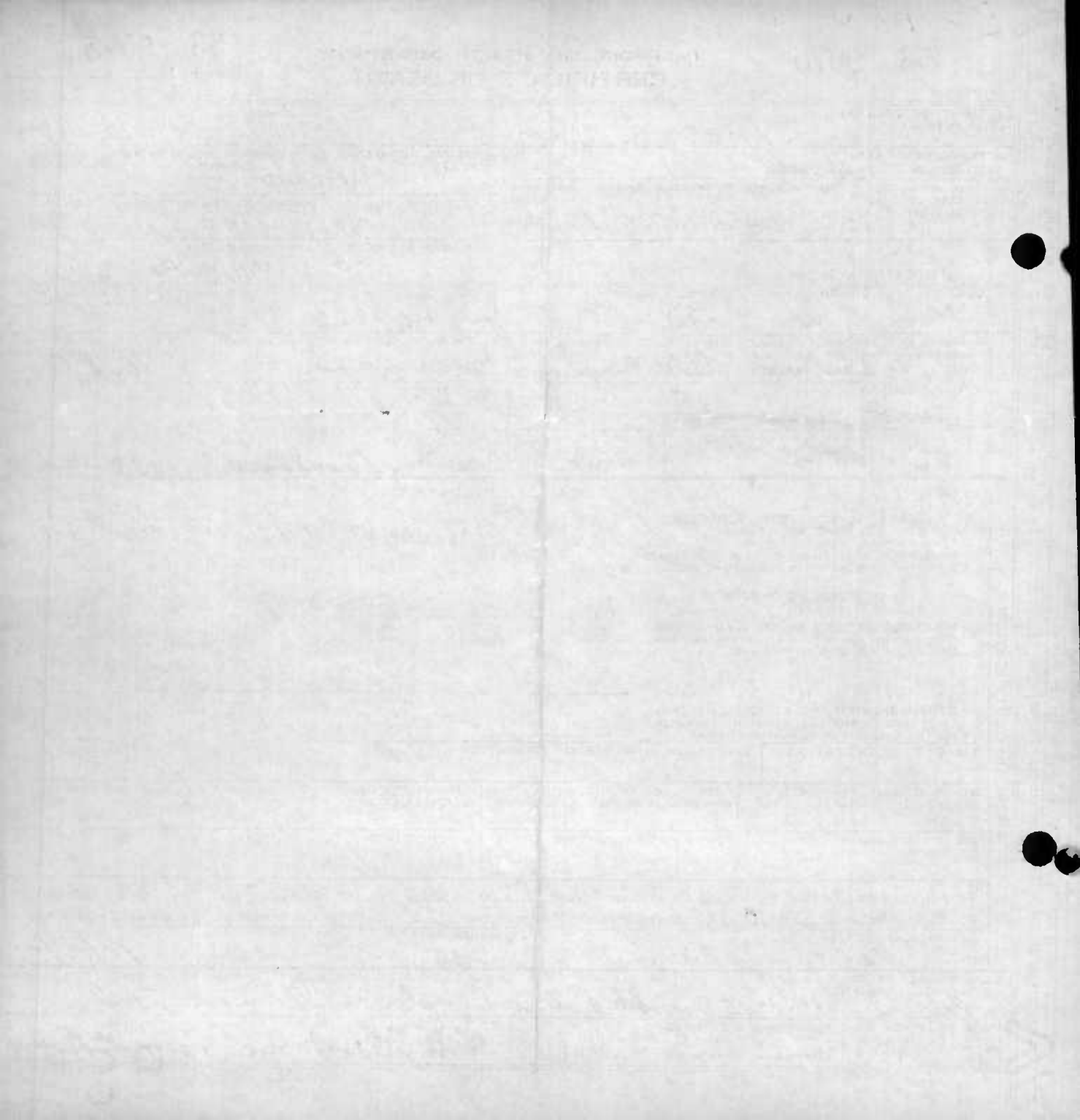
97. [Illegible text]

98. [Illegible text]

99. [Illegible text]

100. [Illegible text]







A-223

53 9076

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9076  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALENTY AUGUSTYNIAK

2. DATE  
OF  
DEATH

OCT. 11, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 619 S. BETHEL ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

Queen Anne's

(If outside corporate limits, write RURAL, and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

CHESTER,

D. STREET ADDRESS (If rural, give location)

Box 224.

6700

c. Length of stay in Baltimore

7

Yrs.

Mos.

Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 14, 1869

9. AGE (In years last birthday)

84

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

FARMER

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

BERNARD AUGUSTYNIAK

14. MOTHER'S MAIDEN NAME

MARY AUGUSTYNIAK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

MARY AUGUSTYNIAK

ADDRESS

430 ELRINO ST.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerotic C.V. Disease

10-7-53

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Failure

10-7-53

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

None

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

None

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

None

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 10-7-53 to Oct 11, 1953 that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Schimmuck

M. D.

23B. ADDRESS

842 E. Post Ave

23C. DATE SIGNED

10-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-14-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY ROSARY CEM.

24D. LOCATION (City, town, or county) (State)

GERMAN HILL RD. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

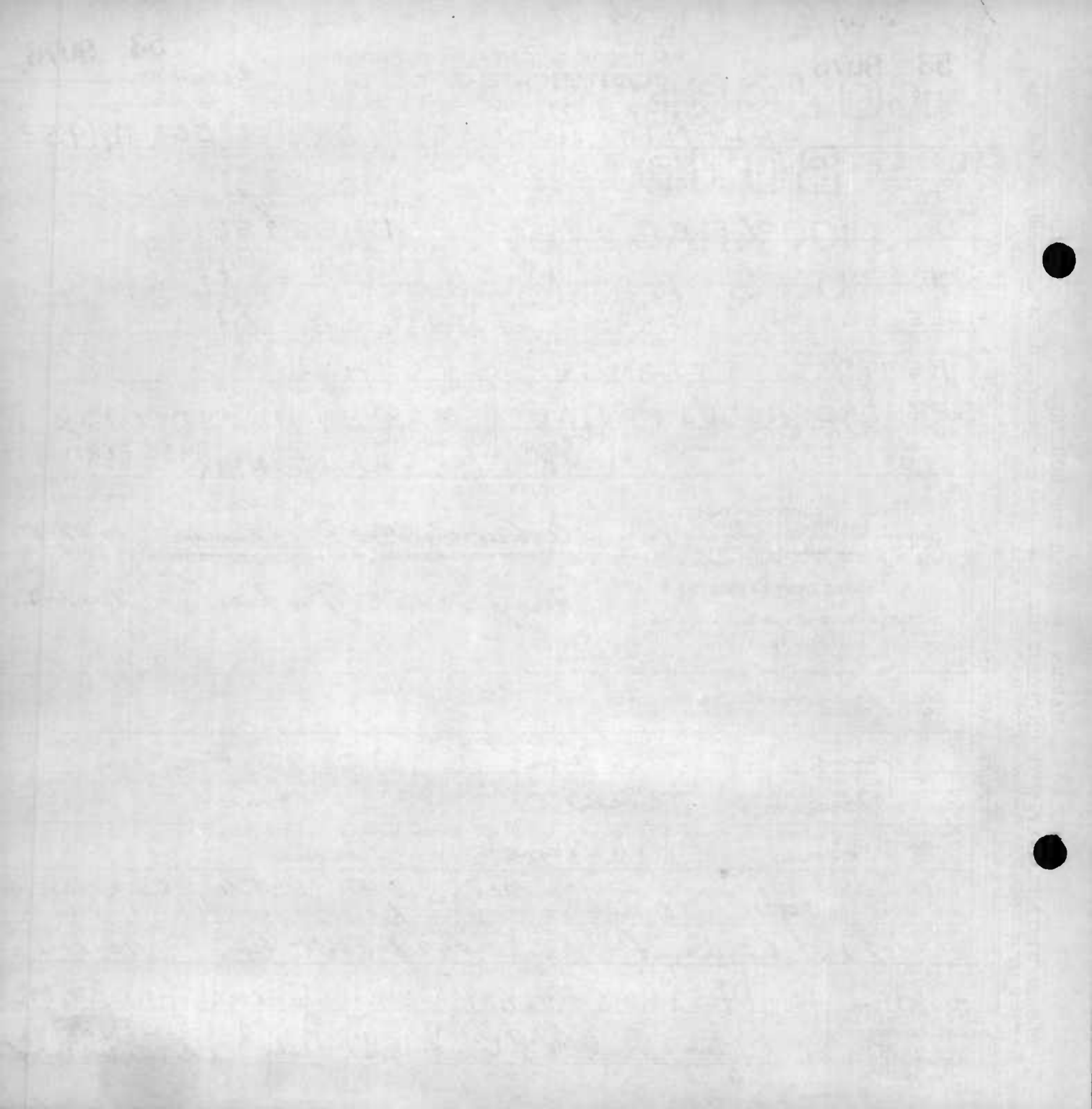
Huntington Williams

25. FUNERAL DIRECTOR

Charles J. Fisher

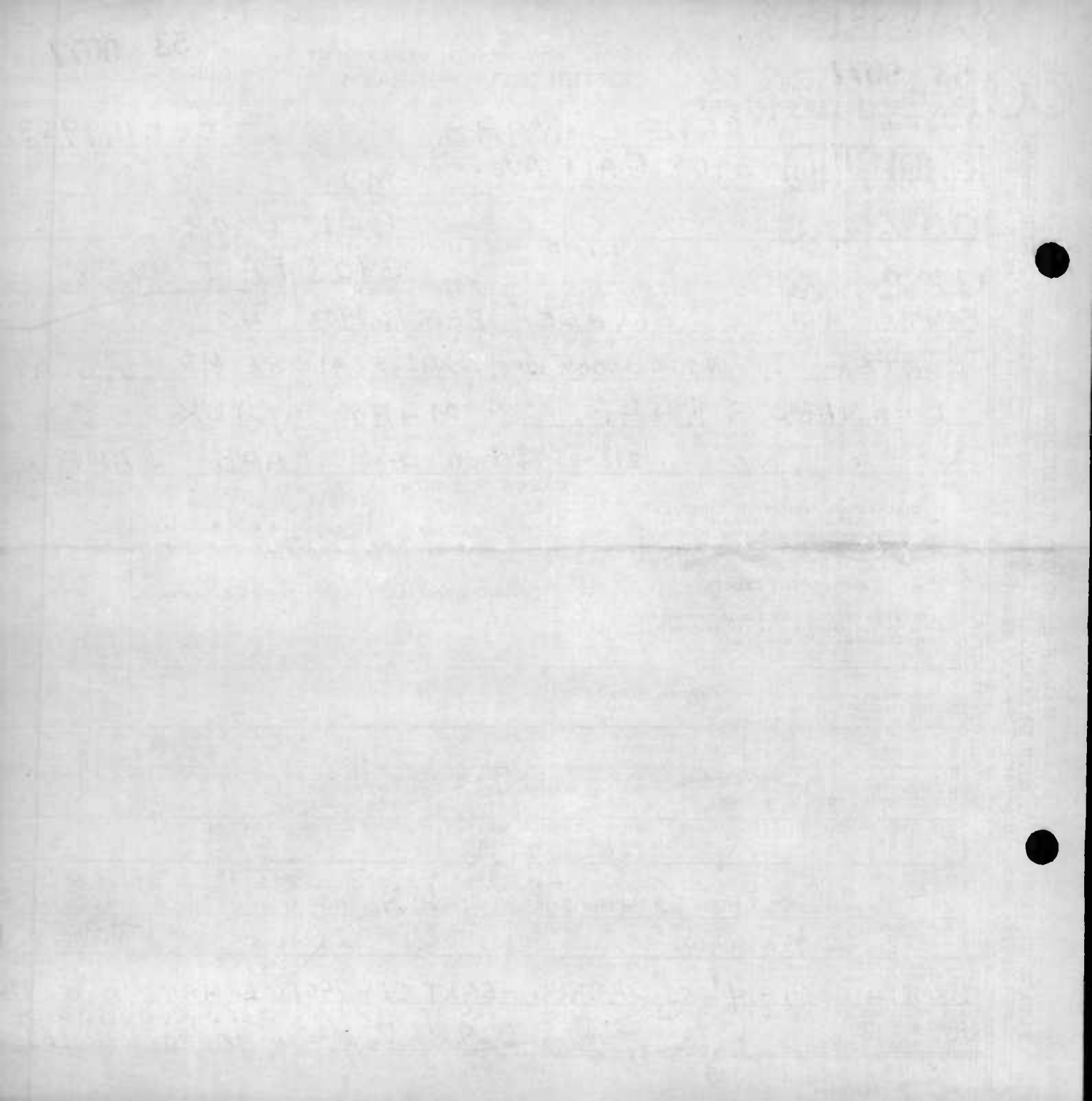
ADDRESS

901 S. CONKLINGS BALTO., MD.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9077  
Registered No.53 9077  
BIRTH NO.

1. NAME OF DECEASED (Type or Print)			MARIE C. RAAB			2. DATE OF DEATH OCT. 11, 1953.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			3908 FAIT AVE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD.		
B. FULL NAME OF HOSPITAL OR INSTITUTION			LIFE Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			3908 FAIT AVE.			O. STREET ADDRESS (If rural, give location)		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH FEB. 16, 1908		9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SORTER			10B. KIND OF BUSINESS OR INDUSTRY AS.W. BROOM WKS.			11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME BERNARD P. RAAB			14. MOTHER'S MAIDEN NAME MARY MACK			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		
16. SOCIAL SECURITY NO. 213-05-6648			17. INFORMANT WILLIAM C. RAAB			ADDRESS SAME.		
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Carcinoma Breast, Metastatic (B) Myocardial Degeneration. (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 4, 1953, to Oct 11, 1953, that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 6 A. M., from the causes and on the date stated above.								
23A. SIGNATURE E. G. Flanagan Jr.			23B. ADDRESS 3501 FAIT AVE			23C. DATE SIGNED 10-13-53.		
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24B. DATE 10-14-53			24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM		
24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD. MD.			24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 13 1953			24F. REGISTRAR'S SIGNATURE Huntington Williams		
24G. FUNERAL DIRECTOR 901 S. CONKLING ST. BALTO, 24, MD.			24H. VS 150			69032		





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
OFFICE OF THE SECRETARY  
BUREAU OF PREVENTIVE MEDICINE  
DIVISION OF VETERINARY MEDICINE  
OFFICE OF THE CHIEF, DIVISION OF VETERINARY MEDICINE  
MANILA, PHILIPPINES

CERTIFICATE OF DEATH

NO. 100-100000-100000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9079****E-260****53 9079**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**ALFRED A. EUKER**2. DATE  
OF  
DEATH**Oct. 11, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION**Hood Nursing Home  
5313 Edmondson Ave.**

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**901 Walnut Ave**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**male**

6. COLOR OR RACE

**white**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

**April 16, 1878**9. AGE (In years  
last birthday)**75**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Optician**10B. KIND OF BUSINESS OR  
INDUSTRY**Eye Glasses****INDUSTRY**

11. BIRTHPLACE (State or foreign country)

**Virginia**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**William Euker**

14. MOTHER'S MAIDEN NAME

**Emilie Horn**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Mrs. Norma A. Euker-901 Walnut Ave.**18. **447 X**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH**2 days -****Year****Year**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb**, 19**33** to **Oct 11**, 19**53** that I last saw the  
deceased alive on **Oct 11**, 19**53**, and that death occurred at **10 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

**John A. Euker, M.D.**

23B. ADDRESS

**1118 St. Paul St.**

23C. DATE SIGNED

**10/12/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10/14/53**

24C. NAME OF CEMETERY OR CREMATORY

**Loudon Park Cem.**

24D. LOCATION (City, town, or county)

**Balto., Md.**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

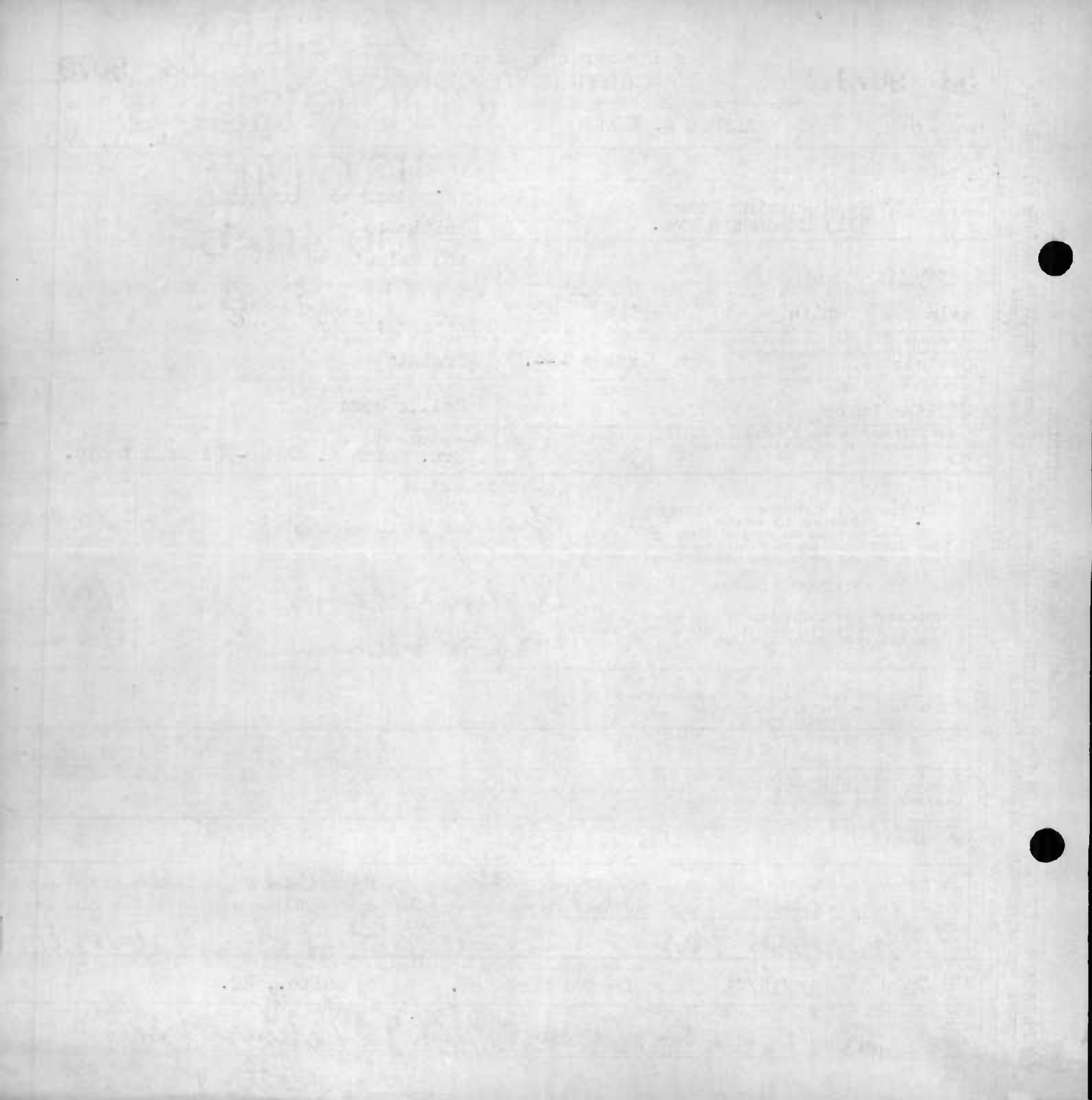
**Huntington Williams**

25. FUNERAL DIRECTOR

**John G. Tischer & Sons**

ADDRESS

**Balto. 17, Md.**



3-655

53 9080

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9080

1. NAME OF DECEASED  
(Type or Print)

WILLIAM F. BROENING, Sr.

2. DATE OF DEATH  
Oct. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION  
3600 Fairview Ave.Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX  
Male  
6. COLOR OR RACE  
White  
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Lawyer (retd)10B. KIND OF BUSINESS OR INDUSTRY  
Owner

13. FATHER'S NAME

Broening

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE  
Md.  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-38D. STREET ADDRESS (If rural, give location)  
3600 Fairview Ave.

8. DATE OF BIRTH

June 2, 1870

9. AGE (In years, last birthday)  
83  
If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Katherine Petri

17. INFORMANT

ADDRESS

Mr. Wm. F. Broening, Jr.-3600 Fairview Ave

18. 422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Ch. cardio-vascular disease

(A)

DUE TO

2 years.

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1943, to 10-12, 1953, that I last saw the deceased alive on 11-12, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

3400 Nilton Rd

23C. DATE SIGNED

10/12/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/15/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

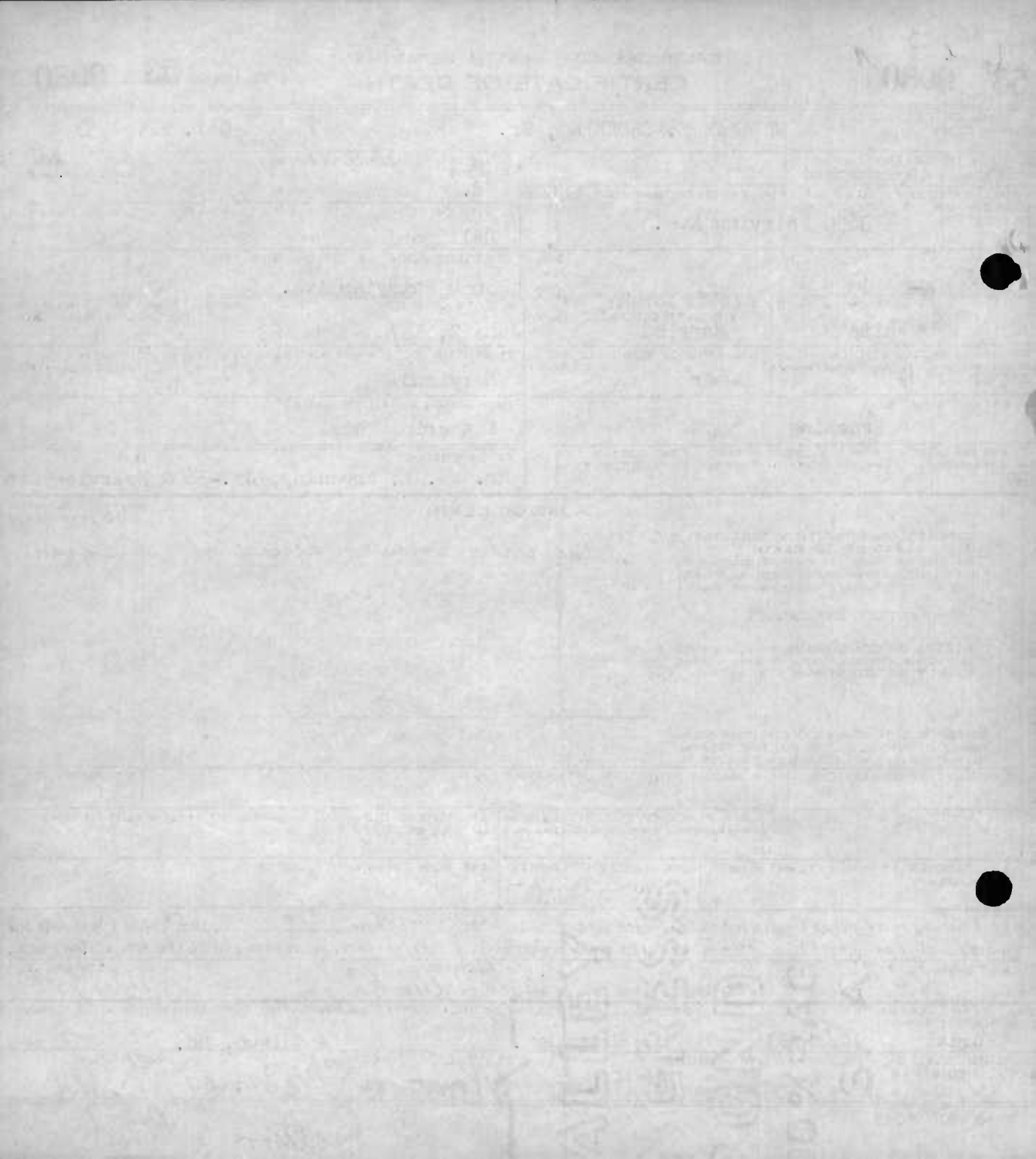
ADDRESS

OCT 13 1953

Huntington Williams

J. V. Vicker

Bath. 17. Md.



53 9081

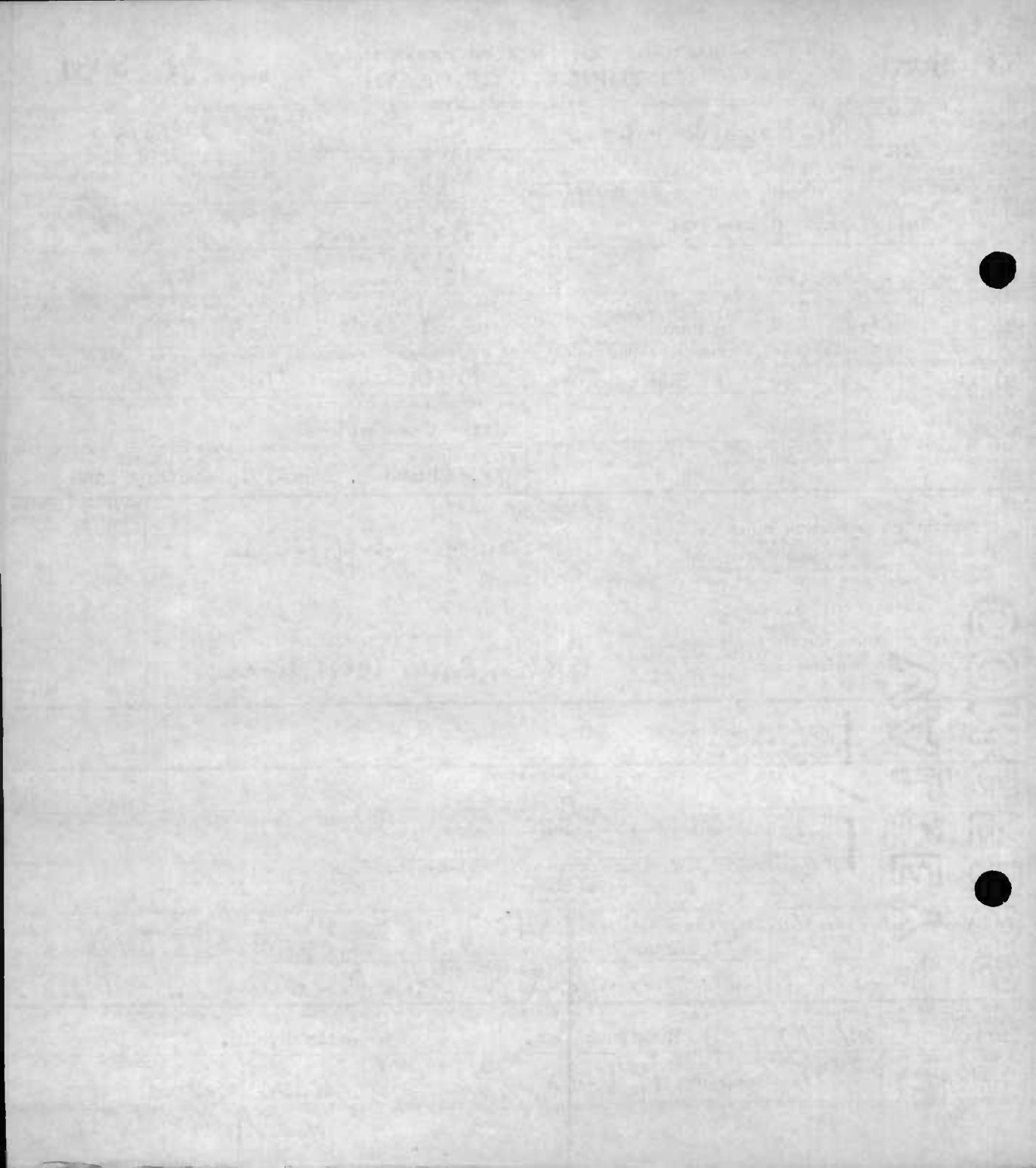
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9081  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Mr. Howard O. Lerp</b>		2. DATE OF DEATH <b>10/13/53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Lutheran Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. MONTH OF STAY IN BALTIMORE <b>13-07</b>		D. STREET ADDRESS (If rural, give location) <b>1015 Rectory Lane, #11</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	10. DATE OF BIRTH <b>Nov. 27, 1883</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk (rtd)</b>		12. AGE (In years last birthday) <b>69</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
13. FATHER'S NAME <b>August Lerp</b>		14. BIRTHPLACE (State or foreign country) <b>Baltimore Md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Catherine Getz</b>	
19. INFORMANT <b>Mr. Edward S. Lerp-1015 Rectory Lane</b>		20. ADDRESS	

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO <b>Arteriosclerotic heart disease</b>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

19A. DATE OF OPERATION <b>10/15/53</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/5</b> , 19 <b>53</b> , to <b>10/13</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/13</b> , 19 <b>53</b> , and that death occurred at <b>4 a. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Huntington Williams</b>		23B. ADDRESS <b>Lutheran Hospital Baltimore Md.</b>		23C. DATE SIGNED <b>10/13/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/15/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Woodlawn, Md.</b>		
25. FUNERAL RECEIVED BY LOCAL REGISTRAR <b>ACT 131953</b>		25. FUNERAL DIRECTOR <b>William J. Lickner &amp; Sons</b> <b>Balto. 17, Md.</b>			





K-160  
53 9082BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9082

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>ERNEST A. KEEFER</b>			2. DATE OF DEATH <b>October 11, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md.</b> B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Melchoir Nursing Home</b>			D. STREET ADDRESS (If rural, give location) <b>Melchoir Nursing Home 2327 N. Charles</b>			5. Yrs. Mos. Days		
c. Length of stay in Baltimore			6. DATE OF BIRTH <b>July 2, 1862</b>			9. AGE (In years last birthday) <b>91</b>		
5. SEX <b>male</b>			6. COLOR OR RACE <b>white</b>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>---</b>			11. BIRTHPLACE (State or foreign country) <b>W. Va.</b>		
13. FATHER'S NAME <b>Dennis P. Keefer</b>			14. MOTHER'S MAIDEN NAME <b>Sophia Dorf</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT ADDRESS <b>Mrs. Roland Eland- Glen Arm, Md.</b>		

18. **410X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 1, 1950</b> , to <b>October 10, 1953</b> , that I last saw the deceased alive on <b>Oct 10, 1953</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>William L. Smith M.D.</b>				23B. ADDRESS <b>1429 N. Fayette St.</b>		23C. DATE SIGNED <b>10/13/53</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/14/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 13 1953</b>		REGISTRAR'S SIGNATURE <b>Thurston Williams</b>		25. FUNERAL DIRECTOR <b>J. J. Schenker</b>		ADDRESS <b>Balto. 17, Md.</b>	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9083**BIRTH NO. **53 9083**1. NAME OF DECEASED  
(Type or Print)**Roy L. Cannady**2. DATE  
OF  
DEATH **October 12, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

**Maryland****Anne Arundel**B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)**Congress Hotel****306 W. Franklin Street**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)**Glen Burnie**

D. STREET ADDRESS (If rural, give location)

**1912 Maltravers Road**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**male**

6. COLOR OR RACE

**white**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH

**October 3, 1906**9. AGE (in years  
last birthday)**47**If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Civilian Employee**10B. KIND OF BUSINESS OR  
INDUSTRY**Navy Department**

11. BIRTHPLACE (State or foreign country)

**Garfield, Georgia**12. CITIZEN OF  
WHAT COUNTRY?  
**U. S. A.**

13. FATHER'S NAME

**Benjamin L. Cannady**

14. MOTHER'S MAIDEN NAME

**Elizabeth Bunn**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
**no**16. SOCIAL  
SECURITY NO.17. INFORMANT **1912 Maltravers Rd.**  
**Catherine J. Cannady, Glen Burnie, Md.**18. **4-20-1**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) **Coronary thrombosis**  
DUE TO**15 min.**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **None**  
DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November 21, 1951**, to **OCT 12, 1953** that I last saw the  
deceased alive on **OCT 12 4:15**, 1953, and that death occurred at **4:15 pm.** from the causes and on the date stated above.

23A. SIGNATURE

**Joseph D. B. King**

M. D.

23B. ADDRESS

**1210 Entaw Place**

23C. DATE SIGNED

**10/13/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
**removal**

24B. DATE

**10/14/53**

24C. NAME OF CEMETERY OR CREMATORY

**Olive Branch Cemetery**

24D. LOCATION (City, town, or county)

**Portsmouth,****Virginia**DATE RECEIVED BY  
LOCAL REGISTRAR**OCT 13 1953**

REGISTRAR'S SIGNATURE

**Huntington**

25. FUNERAL DIRECTOR

**St. M. Book, Inc.**

ADDRESS

**1217 St. Paul Street**

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9084

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SOLOMON HOLMES

2. DATE  
OF DEATH Oct. 9, 19533. PLACE OF DEATH:  
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Balto. 22-01D. STREET ADDRESS (If rural, give location)  
10 E. Montgomery St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Aug. 18789. AGE (in years  
last birthday)76

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country)  
Essex Co., Pa.12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.13. FATHER'S NAME  
Edward Holmes14. MOTHER'S MAIDEN NAME  
Mary A. Jackson15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
No16. SOCIAL  
SECURITY NO.17. INFORMANT  
Ed PollardADDRESS Baltimore  
93 Alexander Ave.18. E 929.8

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Drowning

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

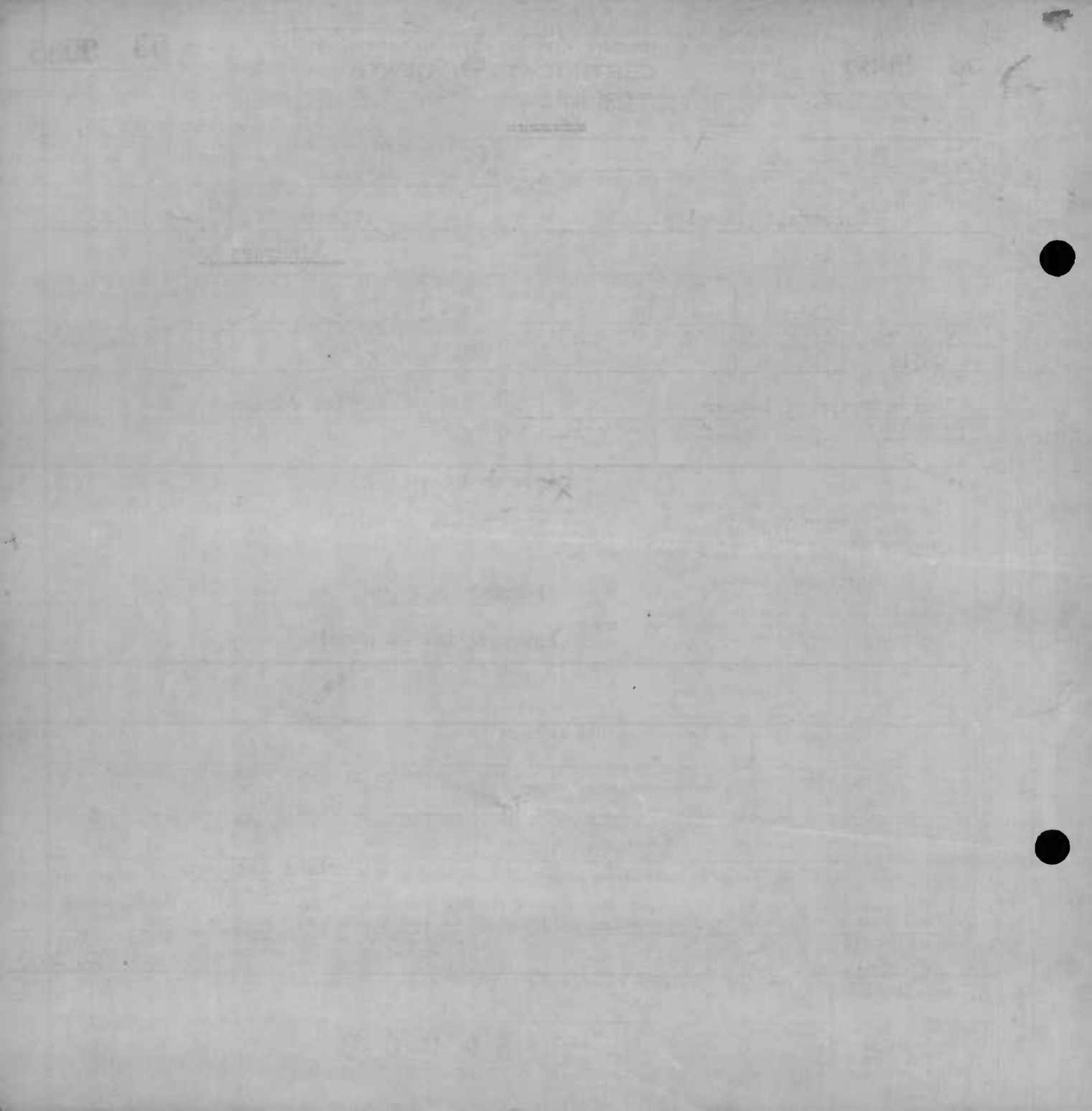
20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB.  
OTHER ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
harbor21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?  
Foot of Wolfe St.21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY  
Oct. 9, 195321E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☒21F. HOW DID INJURY OCCUR?  
Found drowned22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection of Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE  
R. B. Fisher23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED  
ASSISTANT MEDICAL EXAMINER ☐ Oct. 9, 1953  
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)24B. DATE  
10/13/195324C. NAME OF CEMETERY OR CREMATORY  
W. T. Zion Cem.24D. LOCATION (City, town, or county) (State)  
Lansdown MdDATE RECEIVED BY  
LOCAL REGISTRARREGISTRAR'S SIGNATURE  
Wm. J. Williams25. FUNERAL DIRECTOR  
Wm. J. WilliamsADDRESS 322 N  
Schroeder St.





L-260		CERTIFICATE CORRECTED 10-16-53		BALTIMORE CITY HEALTH DEPARTMENT		53 9085	
BIRTH NO. 53 9085		23-19370		CERTIFICATE OF DEATH		Registered No. 53 9085	
1. NAME OF DECEASED (Type or Print) <b>GARY RICCARDO LEASER</b>				2. DATE OF DEATH <b>September 30, 1953</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>12-07</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>3002 Vinyard Lane</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 18, 1953</b>		9. AGE (In years last birthday) <b>1</b>	10. Under 1 Year Months: <b>1</b> Days: <b>1</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>✓</b>
13. FATHER'S NAME <b>George Sheppard Leaser</b>				14. MOTHER'S MAIDEN NAME <b>Mildred Bernice Johnson</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
18. <b>571.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Dehydration</b> (A) <b>CHLORIN</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Diarrhea</b> (B) <b>CHLORIN</b> <b>Interstitial pneumonia</b> (C)				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <i>W. H. H. H.</i>		23B. CHIEF MEDICAL EXAMINER M.D. <b>W. H. H. H.</b>		23C. DATE SIGNED <b>Sept. 30, 1953</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>cremated</b>		24B. DATE <b>10-13-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Margue</b>		24D. LOCATION (City, town, or county) (State) <b>700 Fleet St. SC.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1953</b>		REGISTRAR'S SIGNATURE <i>W. H. H. H.</i>		25. FUNERAL DIRECTOR <b>W. H. H. H.</b>		ADDRESS <b>700 Fleet St. SC.</b>	



**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W. North Ave.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9087****B-653**  
**53 9087**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>DEMPSEY BRYANT</b>			2. DATE OF DEATH <b>Sept. 21, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>U</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Morgue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>K</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>K</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>U</b>	8. DATE OF BIRTH <b>O U</b>	9. AGE (in years last birthday) <b>30?</b>	10. If Under 1 Year Months: Days Hours: Min. <b>N</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>K</b>	11. BIRTHPLACE (State or foreign country) <b>N K</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>N O</b>			14. MOTHER'S MAIDEN NAME <b>O</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>N</b>	17. INFORMANT <b>N</b> ADDRESS		

18. **E 929.8** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Drowning**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
**harbor**21C. WHERE DID (If in Baltimore City, give exact location)  
**Caroline and Lancaster Sts. 3/2**21D. TIME (Month) (Day) (Year) (Hour)  
**Sept. 21, 1953 P. m.**21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?  
**Found drowned**22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.23A. SIGNATURE  
**B. Fisher**23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**Sept. 22, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

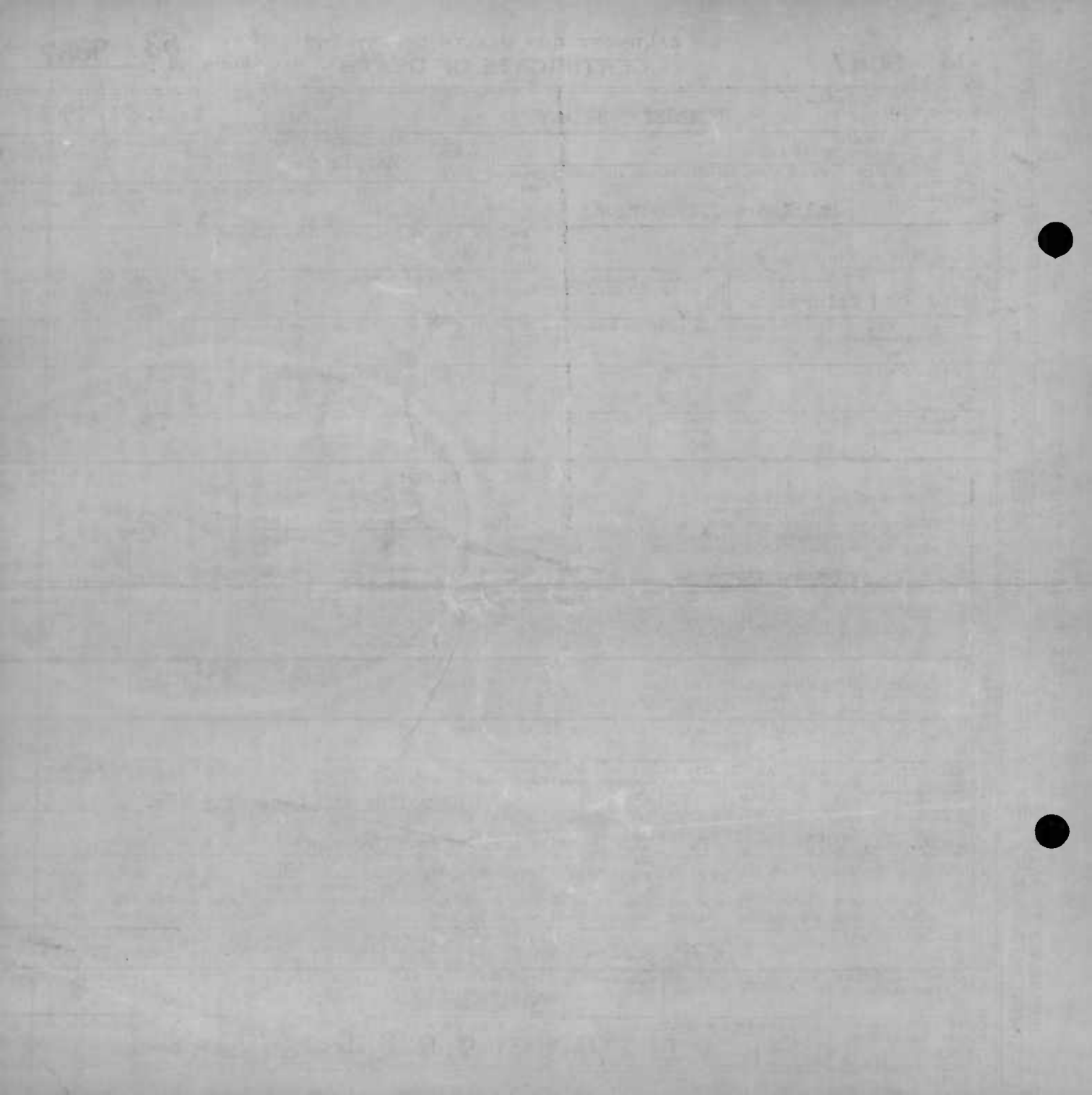
24B. DATE

24C. NAME OF CEMETERY OR CREMATORY  
**UNIVERSITY MEDICAL SCHOOL**24D. LOCATION (City, town, or county)  
**OCT. 13, 1953**

(State)

DATE RECEIVED BY LOCAL REGISTRAR  
**OCT 14 1953**REGISTRAR'S SIGNATURE  
**5/13/1953**25. FUNERAL DIRECTOR  
**9702 1/2 W. Williams, Jr.**

ADDRESS





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9088**

**R-330**  
**53 9088**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Walter Ridout</b>			2. DATE OF DEATH <b>10-3-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>New York</b> B. COUNTY <b>V-29</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Middletown</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>323 Main Street</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>U</b>	8. DATE OF BIRTH <b>U</b>	9. AGE (In years last birthday) <b>40</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>K</b>	11. BIRTHPLACE (State or foreign country) <b>K</b>		12. CITIZEN OF WHAT COUNTRY? <b>N</b>
13. FATHER'S NAME <b>N</b>			14. MOTHER'S MAIDEN NAME <b>O</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>W</b>		16. SOCIAL SECURITY NO. <b>W</b>	17. INFORMANT <b>N</b>		
18. <b>E 871.6 and 322.1</b> N			CAUSE OF DEATH		

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Barbiturate**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Intoxication**

DUE TO

(C) **Acute Alcoholism**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

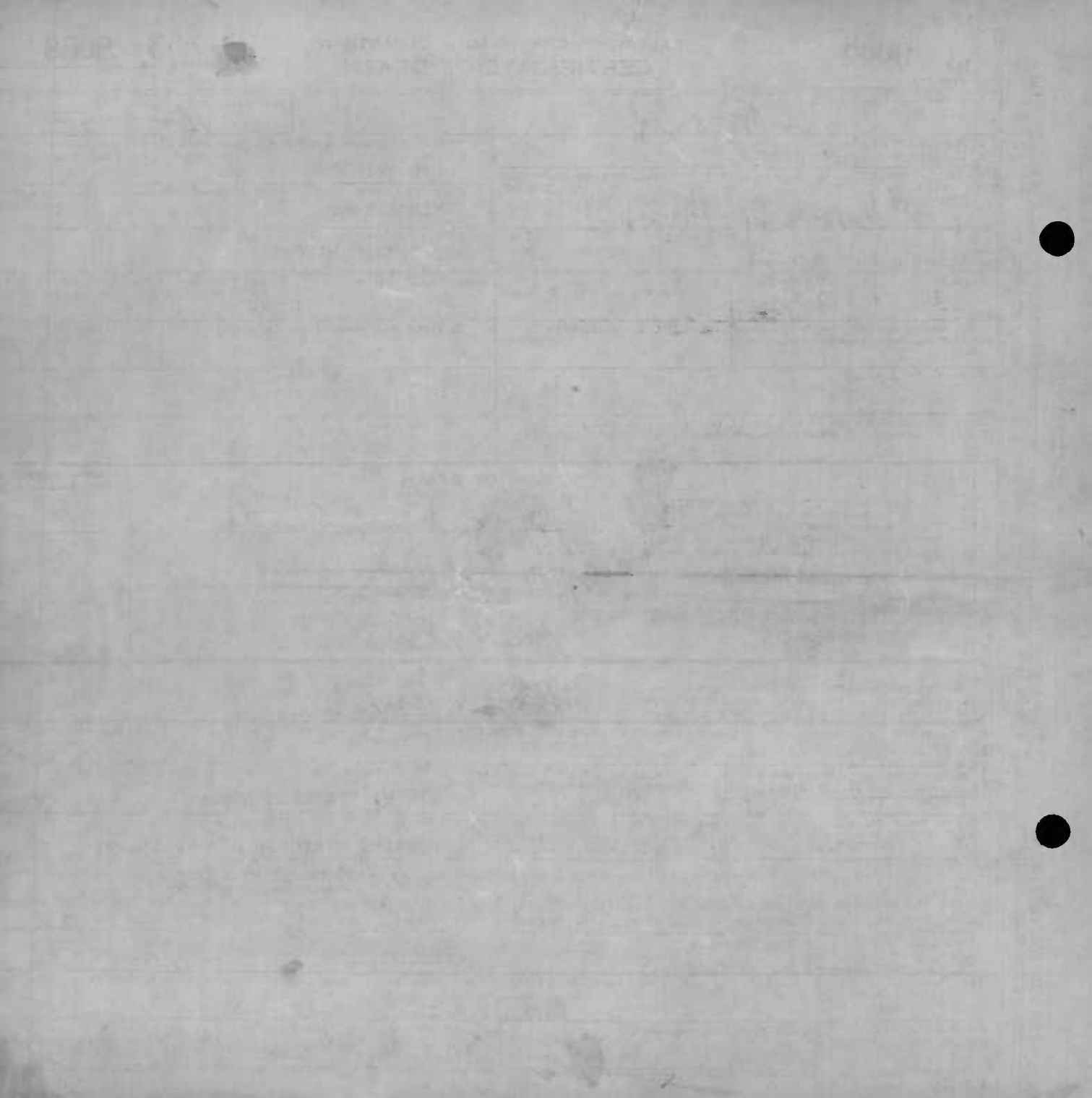
**Chronic Alcoholism**

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?  
YES ☒ NO ☒

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>hotel</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>410 W. Franklin Street</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10-3-53</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>ingested overdose of barbiturate</b>	
22. I certify that I took charge of the remains described above, held an <b>Interstate Inquiry</b> hereon and from <b>Autopsy, Inspection or Inquiry</b> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE <b>William H. Brown</b>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>10-3-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>W. H. Brown</b>		25. FUNERAL DIRECTOR <b>W. H. Brown</b>	
ADDRESS		ADDRESS		ADDRESS	

UNIVERSITY MEDICAL SCHOOL OCT. 13, 1953



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9089BIRTH NO. 53 90891. NAME OF DECEASED  
(Type or Print)WALTER SHERMAN2. DATE  
OF  
DEATH10/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md. B. COUNTY 6-03B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION2109 Moyer St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2109 Moyer St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

4/15/18819. AGE (In years  
last birthday)72

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Retired Gardner10B. KIND OF BUSINESS OR  
INDUSTRYPrivate estates

11. BIRTHPLACE (State or foreign country)

Prattsburg, M. Y.12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Wm. Sherman

14. MOTHER'S MAIDEN NAME

Sarah Lamphier

ADDRESS

Mrs. Laerence Sherman, 3414 Noble St.

MEDICAL CERTIFICATION

16. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

ARTERIOSCLEROTIC HEART  
DISEASE

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

[Signature]23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

10-11-5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Cremation

24B. DATE

10/14/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore, M.dDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS

CHAP. IV.

THE HISTORY OF THE

REIGN OF

✓



S-526

CERTIFICATE CORRECTED 11-4-53

53 9090

BALTIMORE CITY HEALTH DEPARTMENT

53 9090

BIRTH NO.

## CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED  
(Type or Print)

Isaac Singer

2. DATE OF DEATH 10-13-53  
July 16, 1891

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Lutheran Hospital of Md.

5. Length of stay in Baltimore

61

Yrs.

Mos.

Days

6. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10. KIND OF BUSINESS OR INDUSTRY

Singer's Grocery

9. FATHER'S NAME

Ellis David

11. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No, no or unknown

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 15-04

D. STREET ADDRESS (If rural, give location)

1929 No Pulaski St

8. DATE OF BIRTH

1887

9. AGE (in years last birthday)

62 66

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lena

17. INFORMANT

ADDRESS

Rebecca Singer - Same

18. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastasis from Ca of Sigmoid.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-6-53

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1953 to 10-13-1953, that I last saw the deceased alive on 10-13-1953, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ramon Perez Razo

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

10-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-14-53

24C. NAME OF CEMETERY OR CREMATORY

Rose-dale

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

OCT 14 1953

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

James E. Egan

ADDRESS

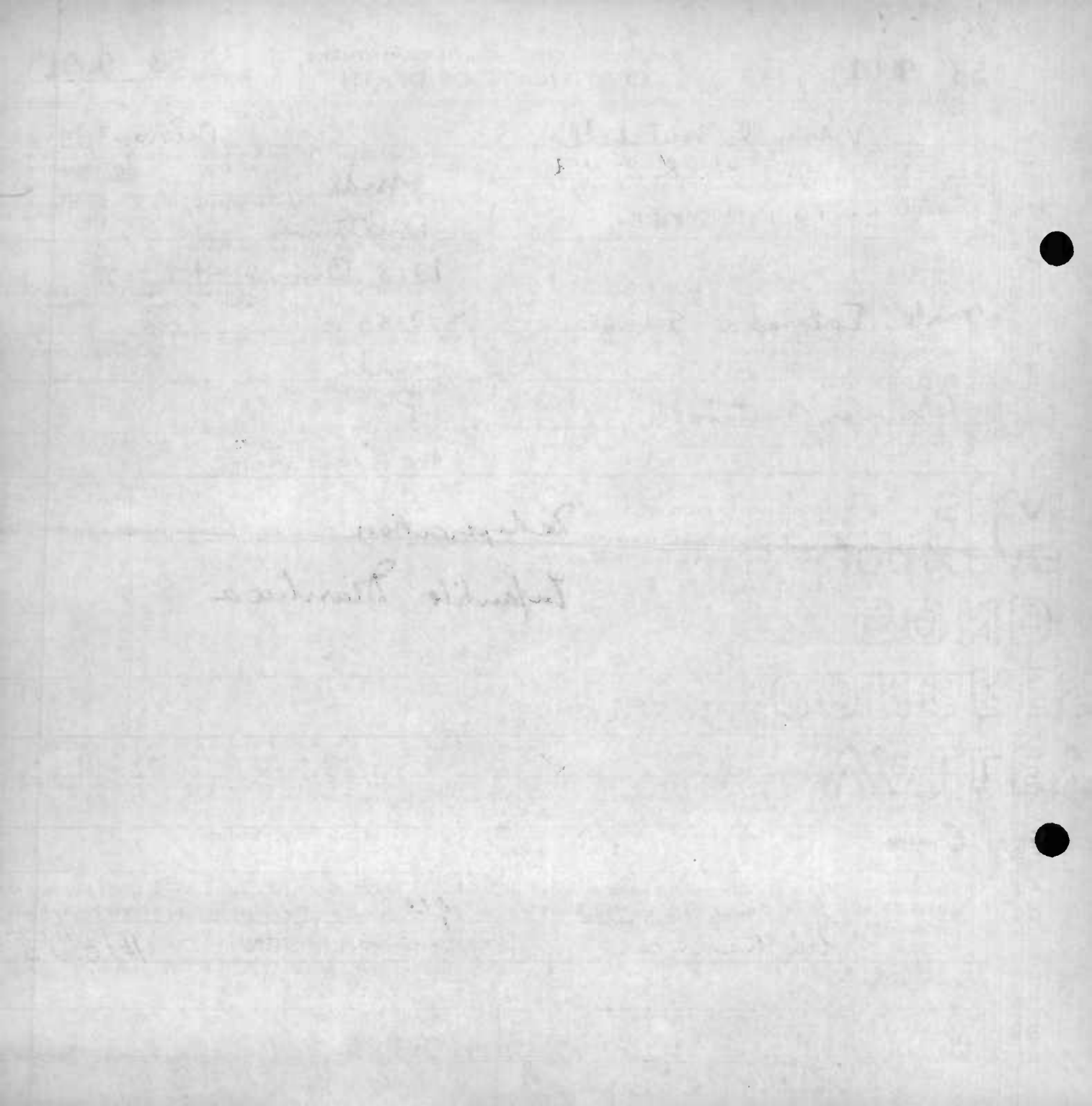
2100 Eutan Pl





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9091BIRTH NO. 53-18585

1. NAME OF DECEASED (Type or Print) <u>Vernell Mitchell</u>		2. DATE OF DEATH <u>October 2, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1st &amp; N 4th</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore Yrs. <u>23</u> Mos. <u>7-04</u> Days <u>1713 Barnes St.</u>		D. STREET ADDRESS (If rural, give location)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-7-53</u>
9. AGE (In years; last birthday) <u>2</u>	10. CITIZEN OF WHAT COUNTRY? <u>md.</u>	11. BIRTHPLACE (State or foreign country) <u>md.</u>	12. CITIZEN OF WHAT COUNTRY? <u>md.</u>
13. FATHER'S NAME <u>Charles Mitchell</u>		14. MOTHER'S MAIDEN NAME <u>?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>JOHNS HOPKINS HOSPITAL</u>	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	
18. <u>571.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Dehydration</u> DUE TO <u>Infantile Diarrhoea.</u> DUE TO <u>Antecedent Causes</u> DUE TO <u>Other Significant Conditions Contributing to the Death but not related to the disease or condition causing it.</u>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>7</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-1</u> , 19 <u>53</u> , to <u>10-2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>53</u> , and that death occurred at <u>9:10 P.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Am Morgan</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
23C. DATE SIGNED <u>10/3/53</u>		23D. DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 14 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>		24D. LOCATION (City, town, or county) <u>OCT. 13. 1953</u>	
24E. FUNERAL DIRECTOR <u>State Anatomical</u>		24F. ADDRESS	



L-524  
MAF 17502353 9092  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9092  
Registered No.

1. NAME OF DECEASED (Type or Print)		Edward Langley		2. DATE OF DEATH 10-13-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1508 Milliman St. #5			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 28, 1908	9. AGE (In years last birthday) 45	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter (d)		14. MOTHER'S MAIDEN NAME Carrie Keeley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)			

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Febrosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Coronary Artery Disease

DUE TO

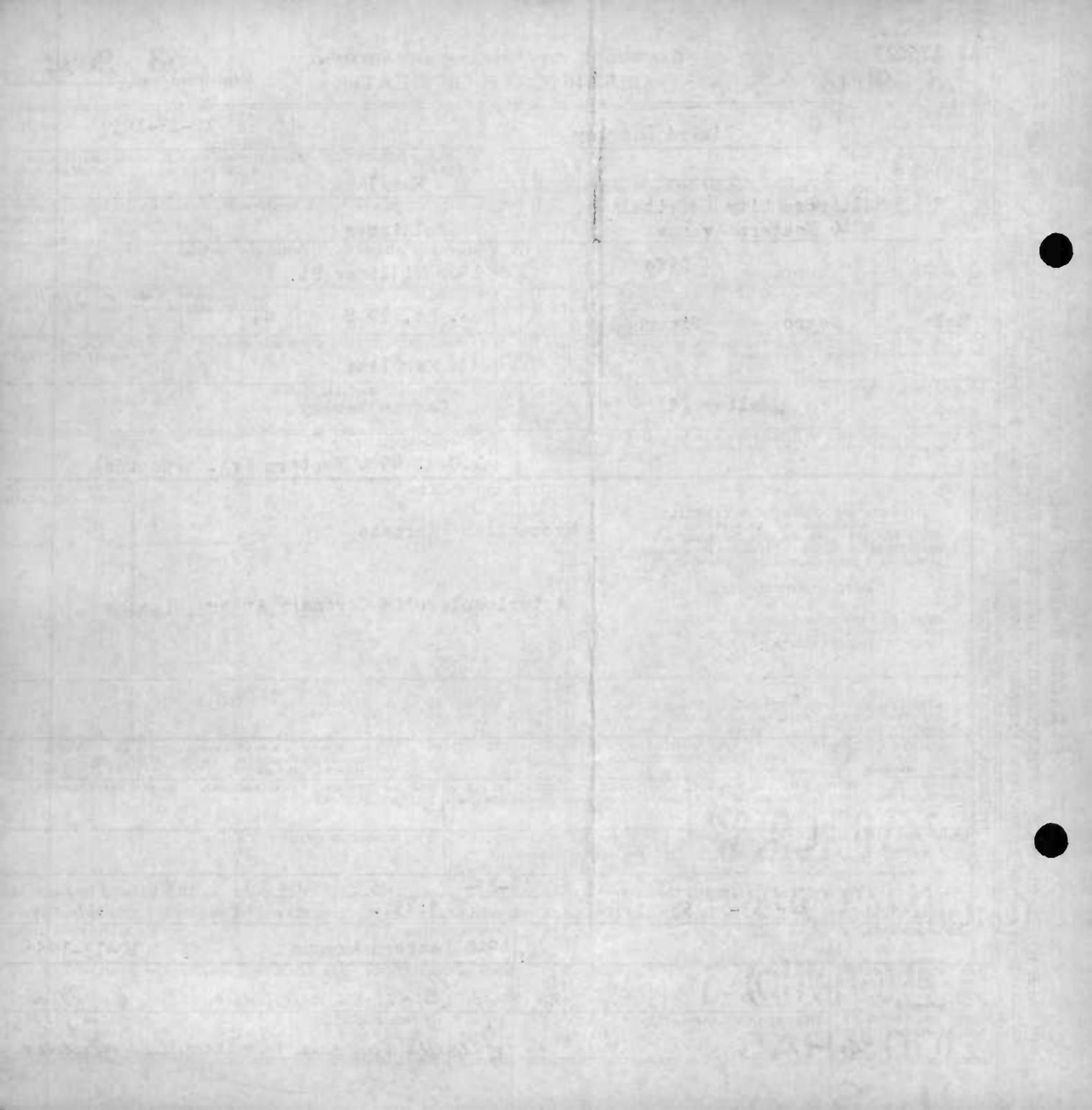
(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-25-1953, to 10-13-1953, that I last saw the deceased alive on 10-13-1953, and that death occurred at 3:45 a. m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 10-13-1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 10-16-53	24C. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.	24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR 10-14-1953	REGISTRAR'S SIGNATURE Huntington [Signature]	F. FUNERAL DIRECTOR Mrs. Frances A. Hensley Bidlee	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9093

BIRTH NO. 53 9093

1. NAME OF DECEASED  
(Type or Print)

Marcha Brauer

2. DATE  
OF  
DEATH

Oct-12-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Thayer 1

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Mapledale Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute myocardial infarction

5 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Anterior left coronary artery disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1953, to 10-12, 1953, that I last saw the  
deceased alive on 10-12, 1953, and that death occurred at 8:51 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin S. Brandhal

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12 Oct 53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10/15/53

Holy Cross Cem.

Ritchie Hgwy.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

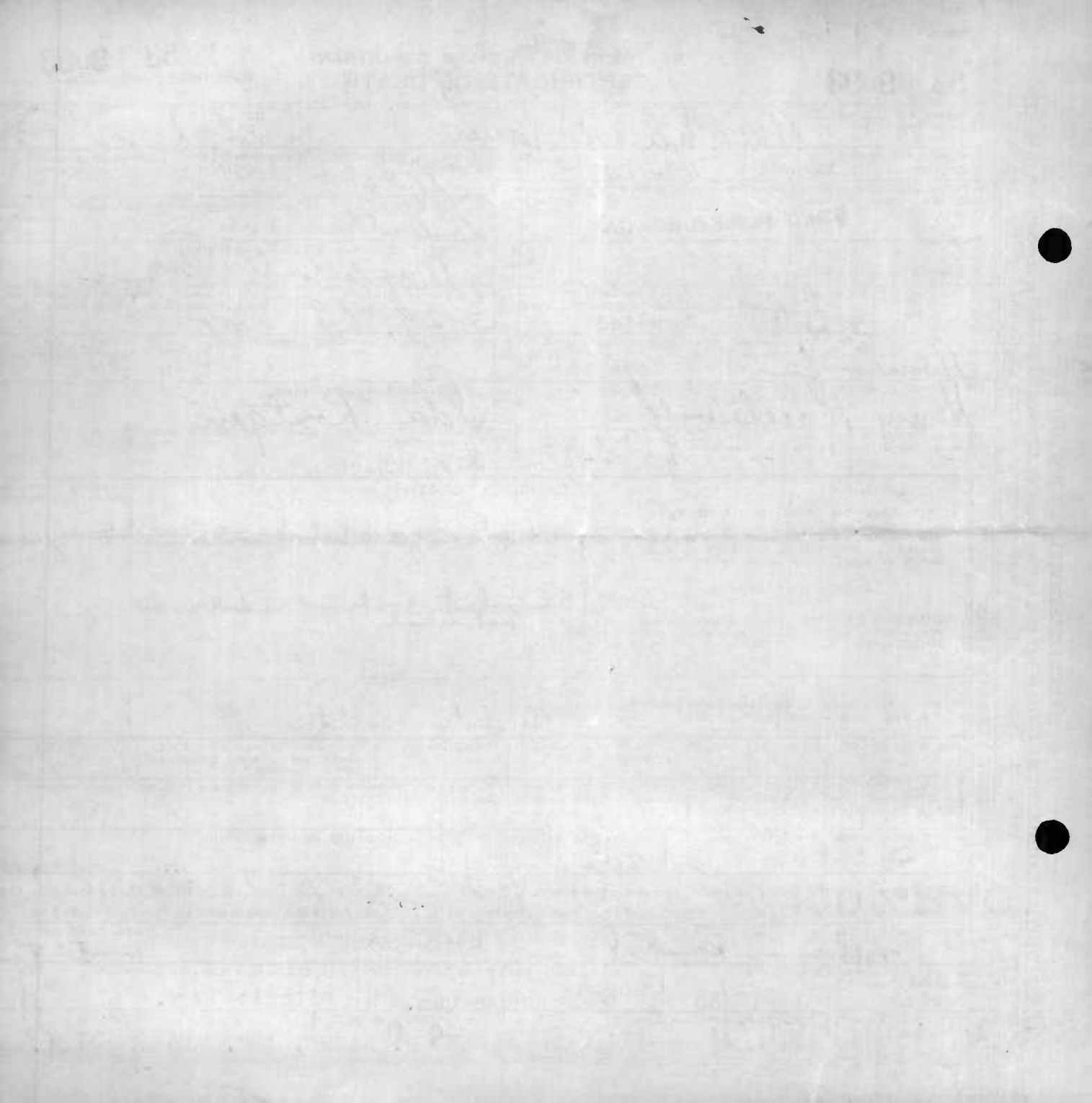
25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1953

Thurston R. Williams, Jr.

JOHN F. DENNY, INC. 715 Light St.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-340  
D O A  
53 9094

Released to hospital

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9094

BIRTH NO. 53 9094

1. NAME OF DECEASED (Type or Print) *James W Lytle*

2. DATE OF DEATH *Oct - 12 - 1953*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE *MD*  
B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
*JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Baltimore*

7. STREET ADDRESS (If rural, give location)  
*1311 N. Patterson Pk. Ave.*

8. Length of stay in Baltimore  
Yrs. *30*  
Mos. *0*  
Days *0*

9. SEX *male*

10. COLOR OR RACE *white*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
*MARRIED*

12. DATE OF BIRTH *Sept. 22, 1877*

13. AGE (In years, last birthday) *76*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Engineer Retired PRR*

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)  
*Hayward Co. Md.*

19. CITIZEN OF WHAT COUNTRY?  
*U.S.A.*

20. FATHER'S NAME  
*not known*

21. MOTHER'S MAIDEN NAME  
*not known*

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

23. SOCIAL SECURITY NO.

24. INFORMANT  
*JOHNS HOPKINS HOSPITAL*

25. CAUSE OF DEATH  
18. *422.1*  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
*Arteriosclerotic Cardiovascular Disease*  
DUE TO  
ANTECEDENT CAUSES  
*coronary failure*  
DUE TO  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. INTERVAL BETWEEN ONSET AND DEATH

27. MEDICAL CERTIFICATION  
19A. DATE OF OPERATION *7*

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?  
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct - 12*, 19*53*, to *Oct - 12*, 19*53*, that I last saw the deceased alive on *Oct - 12*, 19*53*, and that death occurred at *10:15* m., from the causes and on the date stated above.

23A. SIGNATURE  
*Edward L. Alexander Jr.*

23B. ADDRESS  
*JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED  
*Oct 12, 1953*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*BURIAL*

24B. DATE  
*10/15/53*

24C. NAME OF CEMETERY OR CREMATORY  
*OAK LAWN*

24D. LOCATION (City, town, or county) (State)  
*BALTIMORE MD*

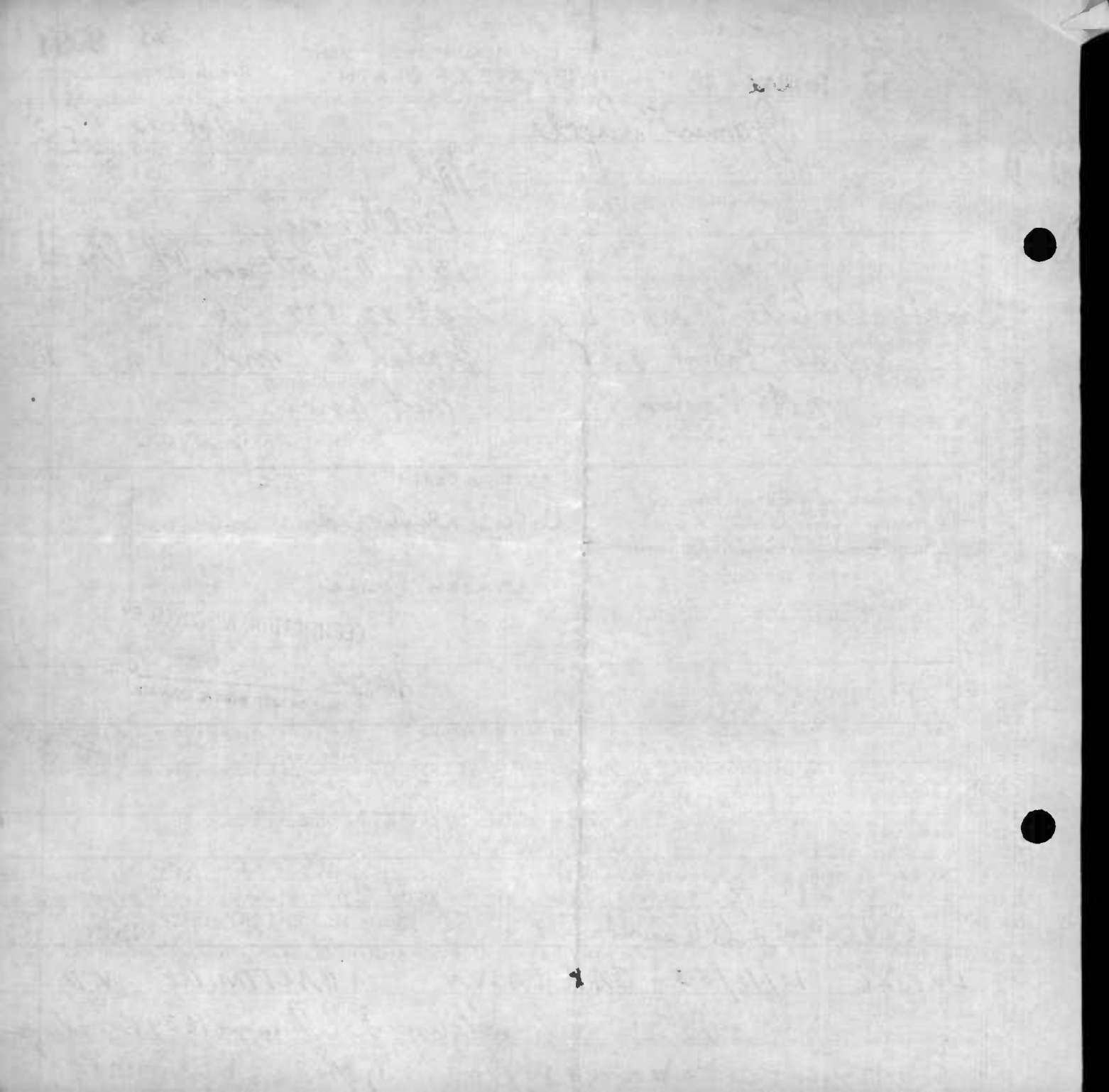
25. FUNERAL DIRECTOR  
NAME  
*Flournoy F. Hoffmann*

26. ADDRESS  
*1639 Broadway*

27. DATE RECEIVED BY LOCAL REGISTRAR  
*OCT 14 1953*

28. REGISTRAR'S SIGNATURE  
*Flournoy F. Hoffmann*

29. Certificate to be approved by Medical Examiner



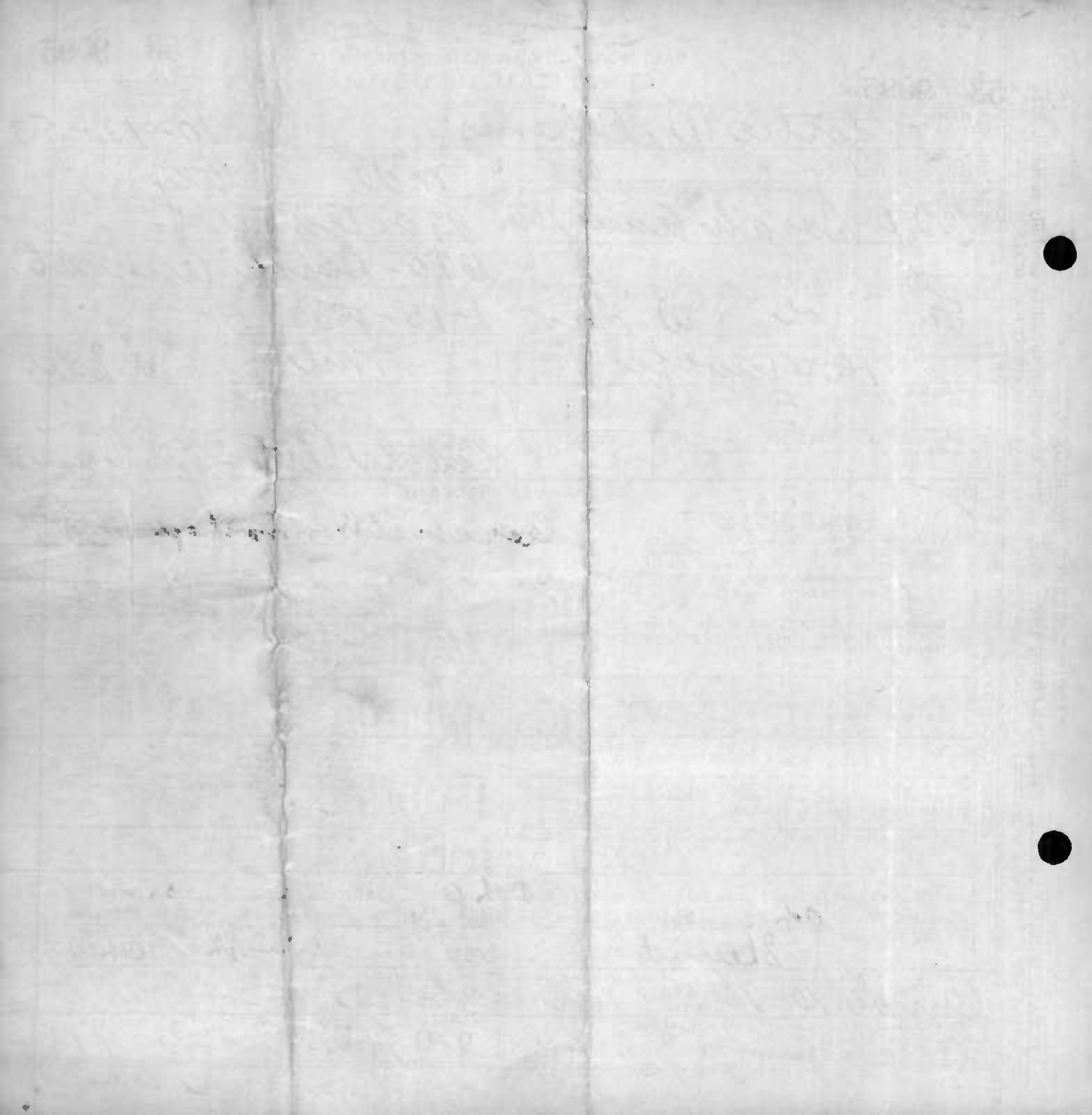
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9095

Registered No.

BIRTH NO. 8095

1. NAME OF DECEASED (Type or Print) <i>Lottie Williams</i>		2. DATE OF DEATH <i>10-12-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Citgo</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>620-Sarah Ann St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>	
D. STREET ADDRESS (If rural, give location) <i>620-Sarah Ann St.</i>			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <i>Fr.</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>1-15-1903</i>
9. AGE (In years last birthday) <i>50</i>		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Eckels Pete - Sarah Ann St</i>		ADDRESS	
18. <i>331X</i>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Hemorrhage</i>	
DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>10-16-53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 6</i> , 19 <i>53</i> , to <i>Oct 12</i> , 19 <i>53</i> , and that death occurred at <i>7 p</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Stewart</i>		23B. ADDRESS <i>632 Franklin St</i>	23C. DATE SIGNED <i>Oct 14, 53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>10-16-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 14 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington B. ...</i>	25. FUNERAL DIRECTOR <i>W. D. Halstead</i>	ADDRESS <i>918 - Rhine Hill Ave.</i>



-152

**SZCZUPINSKI**  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

Registered No. **53 9096**

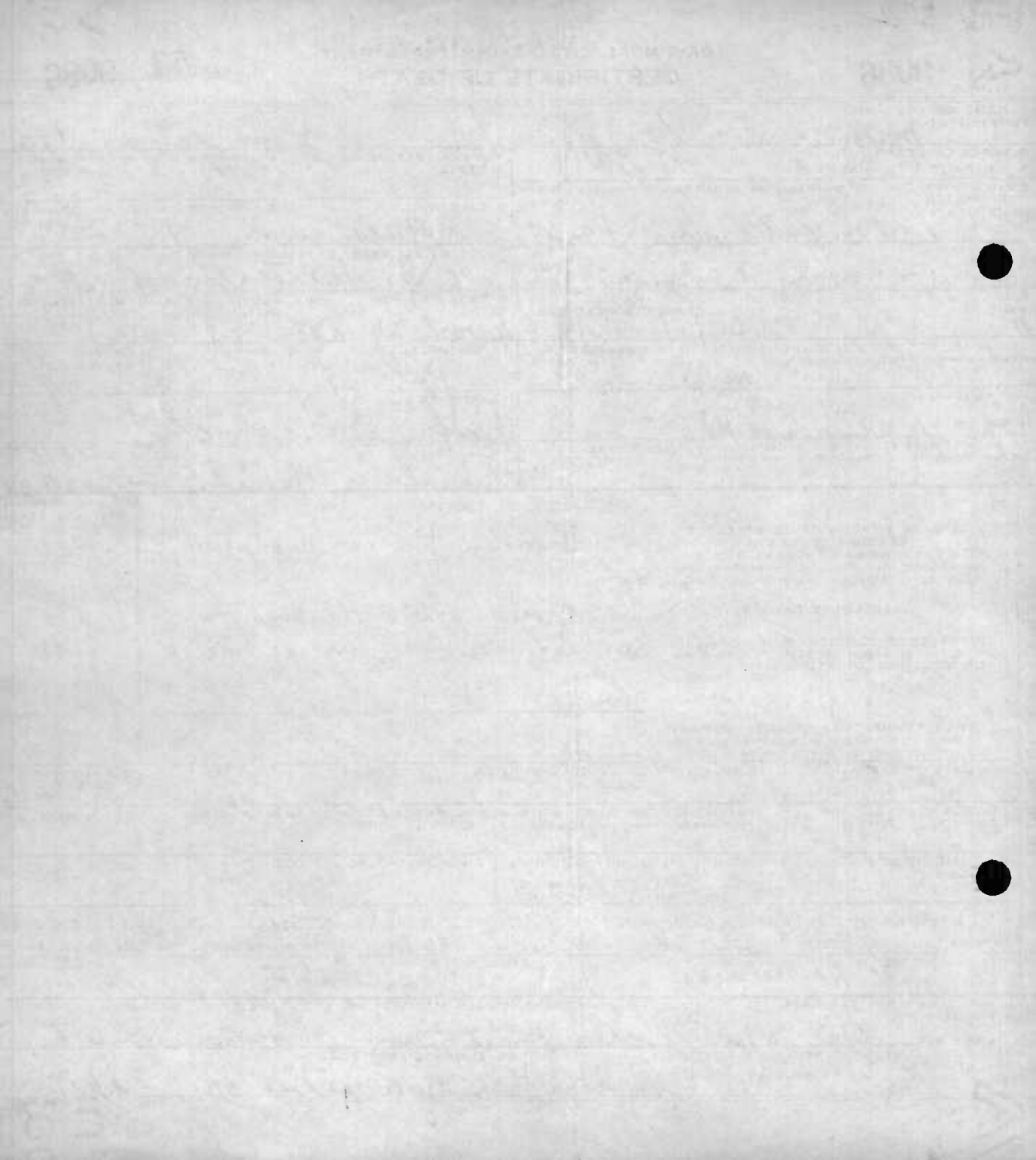
**53 9096**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maryanna Szczupinski</i>			2. DATE OF DEATH <i>Oct 13 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>130 S. Patterson Park</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-05</i>		
C. Length of stay in Baltimore <i>15 Year</i>			D. STREET ADDRESS (If rural, give location) <i>130 S. Patterson Park</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>March 24 1878</i>	9. AGE (In years, last birthday) <i>75</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>
13. FATHER'S NAME <i>John Kalinowski</i>			14. MOTHER'S MAIDEN NAME <i>Jozefa Gargulowska</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Stanislawa Halicki angustana</i>			ADDRESS <i>1910</i>		

<p>18. <i>443X</i></p> <p><b>I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p><b>CAUSE OF DEATH</b></p> <p>(A) <i>TERMINAL BRONCHO-PNEUMONIA</i></p> <p>DUE TO</p> <p>(B) <i>ARTERIOSCLEROTIC, HYPERTENSIVE, CARDIO-VASCULAR, VALVULAR DISEASE</i></p> <p>DUE TO</p> <p>(C) _____</p> <p><b>INTERVAL BETWEEN ONSET AND DEATH</b></p> <p><i>3 DAYS</i></p> <p><i>?</i></p>	<p><b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	
	<p><b>ANTECEDENT CAUSES</b></p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	
	<p><b>CAUSE OF DEATH</b></p>	

19A. DATE OF OPERATION <i>NONE</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 21, 1953</i> , to <i>Oct. 13, 1953</i> , that I last saw the deceased alive on <i>Oct. 13, 1953</i> , and that death occurred at <i>240 An.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph F. Branga</i>		23B. ADDRESS <i>2098 Chester Str</i>		23C. DATE SIGNED <i>Oct. 13, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct 16 / 53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart of Mary</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. County</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 14 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Henry G. Weber 401 S. Chester</i>			

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9097**BIRTH NO. **53 9097**

1. NAME OF DECEASED (Type or Print) <b>JAMES H. MEEKS</b>			2. DATE OF DEATH <b>OCT: 12:53</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION <b>COLONIAL NURSING HOME</b> location) <b>4506 SORENTO AVE.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-02</b>		
c. Length of stay in Baltimore <b>LIFE</b>			d. STREET ADDRESS (If rural, give location) <b>2404 WEST BALTIMORE STREET</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2 - 29 - 1883</b>	9. AGE (In years last birthday) <b>70</b>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BREWRY COMPANY</b>	11. BIRTHPLACE (State or foreign country) <b>BALTIMORE MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13. FATHER'S NAME <b>WILLIAM H. MEEKS</b>			14. MOTHER'S MAIDEN NAME <b>ANNIE JACKSON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>MARY E. MEEKS.. "2404 W. Balto. st.</b>		
18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ARTERIO-SCLEROTIC CRISIS -</b> DUE TO <b>URASCULAR DISEASE &amp; PULMONARY EDEMA -</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Congenital Paresis</b>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1</u> , 19 <u>52</u> to <u>10/12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/12</u> , 19 <u>52</u> , and that death occurred at <u>P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>John H. Smith</i>		23b. ADDRESS <i>721 Chas. St.</i>		23c. DATE SIGNED <i>10/13/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT: 15:53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WESTERN CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>BALTIMORE MARYLAND</b>		25. FUNERAL DIRECTOR <i>F. B. Wippert &amp; Son</i>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington F. Wippert</i>			

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53 9098

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9098

1. NAME OF DECEASED (Type or Print) <b>JOHN H. LEYH</b>		2. DATE OF DEATH <b>OCT 14 1953</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>404 N. ROSE ST</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>6-02</b> D. STREET ADDRESS (If rural, give location) <b>404 N. ROSE</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>404 N. ROSE ST</b>		6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>WHITE</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>NOV. 15, 1867</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUTCHER- RET.</b>		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>ADAM LEYH</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MINNIE LEYH</b>		18. ADDRESS <b>404 N. ROSE ST</b>	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral hemorrhage</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>2/17</b> , 19 <b>41</b> , to <b>10/11</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/11</b> , 19 <b>53</b> , and that death occurred at <b>8:34</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Robert A. Retter</b>		23B. ADDRESS <b>3408 Windsor Ave</b>	
23C. DATE SIGNED <b>10/12/53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>OCT 14, 1953</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEWS</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE MD</b>	
25. FUNERAL DIRECTOR <b>Huntington Pillbury</b>		26. ADDRESS <b>600 RICH FUNERAL HOME 4210 BELAIR</b>	

1944

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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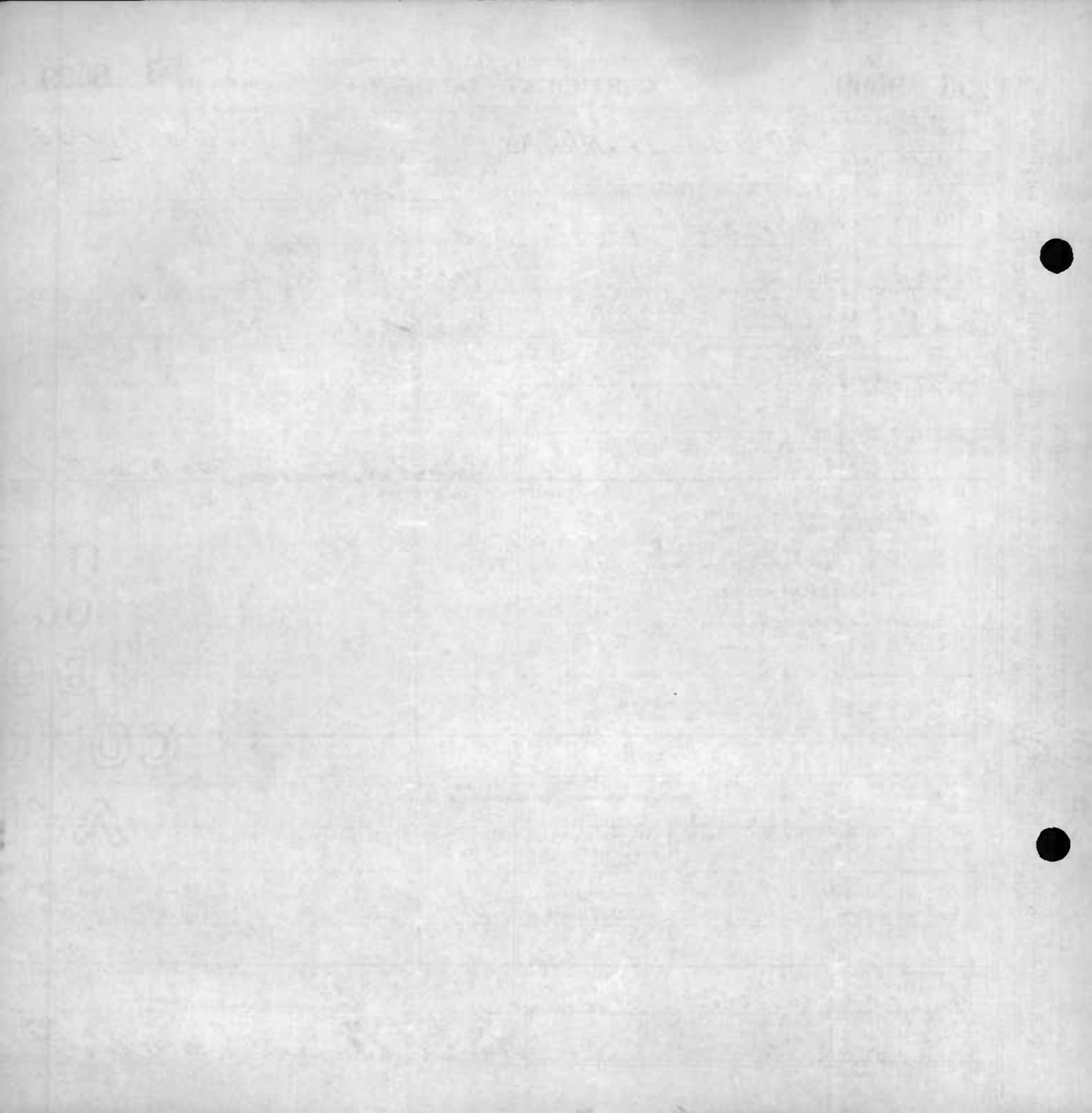
WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9099**BIRTH NO. **53 9099**

1. NAME OF DECEASED (Type or Print) <b>MARTHA LINDSAY</b>				2. DATE OF DEATH <b>Oct 13, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>800 W. 37th St.</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto</b> <b>13-07</b>	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>800 W. 37th St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov 9, 1886</b>	9. AGE (In years last birthday) <b>72</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>-</b>			14. MOTHER'S MAIDEN NAME <b>-</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT ADDRESS <b>Harold S. Lindsay, 800 W. 37th St.</b>		
18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Carcinomatous</b> DUE TO ANTECEDENT CAUSES (B) <b>Carcinoma of breast</b> DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 6</b> , 1953, to <b>Oct 13</b> , 1953 that I last saw the deceased alive on <b>Oct 10</b> , 1953, and that death occurred at <b>m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edmund H. Wassman M. O.</b>		23B. ADDRESS <b>4037 Fall Rd.</b>		23C. DATE SIGNED <b>10/13/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/16/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Western</b>	
24D. LOCATION (City, town, or county) <b>Edmonson Ave.</b>		24E. STATE <b>Md.</b>		24F. ADDRESS <b>the</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Paul C. Shewchuk 3815-17 Chestnut</b>	





3-470

53 9100

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9100

Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

FLORENCE BLAKE

2. DATE  
OF  
DEATH

10/11/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 2601 HURON AVE.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE MARYLAND B. COUNTY BALT. CITYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 25-33D. STREET ADDRESS (If rural, give location)  
2601 HURON AVE.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX F 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7/10/1888

9. AGE (in years last birthday) 65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Phila. P.A.12. CITIZEN OF WHAT COUNTRY?  
U.S.13. FATHER'S NAME  
Samuel Henry14. MOTHER'S MAIDEN NAME  
Carrie?15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Blake 2601 Huron St

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DUE TO

CEREBROVASCULAR ACCIDENT

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

HYPERTENSIVE CARDIOVASCULAR DIS.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/11/1953, to 10/11/1953, that I last saw the deceased alive on 10/11/1953, and that death occurred at 3:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

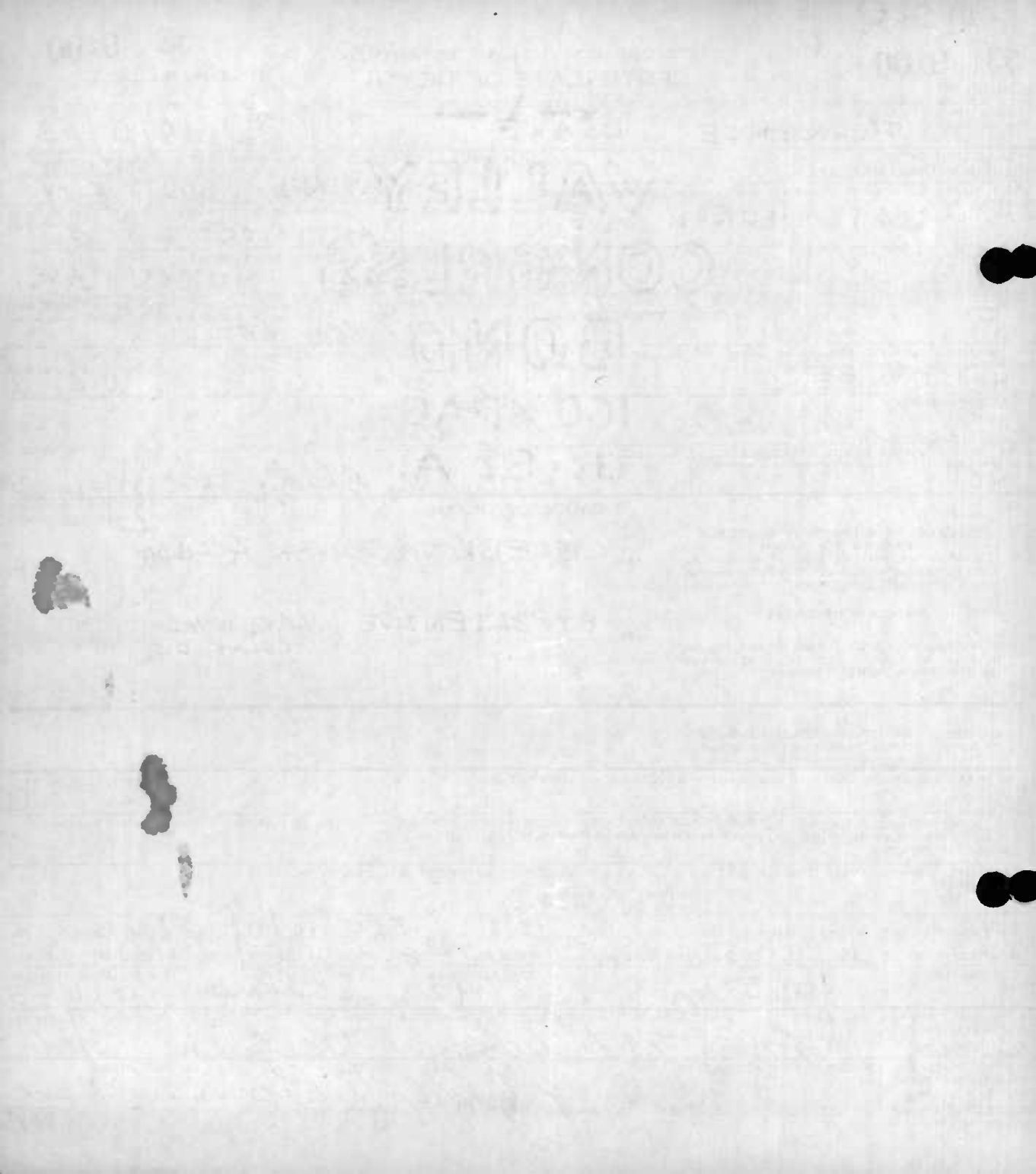
25. FUNERAL DIRECTOR

ADDRESS

CT 14 1953

VS 150

27



536

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9101

Registered No. \_\_\_\_\_

BIRTH NO. 9101

1. NAME OF DECEASED (Type or Print) *Reid Edgar Vanderpool* 2. DATE OF DEATH *Oct 13/53*

3. PLACE OF DEATH: A. Baltimore City, Maryland *2726 W. Charles* 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE *Md.* COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *The Doctor's Hospital* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 4-81*

D. STREET ADDRESS (If rural, give location) *414 W. Fayette St.*

E. Length of stay in Baltimore *40* Yrs. *40* Mes. *40* Days

5. SEX *Male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single* 8. DATE OF BIRTH *Oct 7/1897* 9. AGE (In years last birthday) *56* If Under 1 Year Months: Days *- -* If Under 24 Hours Hours: Min. *- -*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Designer* 10B. KIND OF BUSINESS OR INDUSTRY *Artist* 11. BIRTHPLACE (State or foreign country) *Lincoln-Nebraska* 12. CITIZEN OF WHAT COUNTRY? *U.S.*

13. FATHER'S NAME *Edgar Vanderpool* 14. MOTHER'S MAIDEN NAME *Annie Reid*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) *Yes* *W.W. I* 16. SOCIAL SECURITY NO. *115-07-4618* 17. INFORMANT *Mrs. M. Johnson* ADDRESS *3012 West Newton St.*

18. *493X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) *Pneumonia* DUE TO

ANTECEDENT CAUSES (B) *Arteriosclerotic C. V. Dis.* DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK 21F. HOW DID INJURY OCCUR?

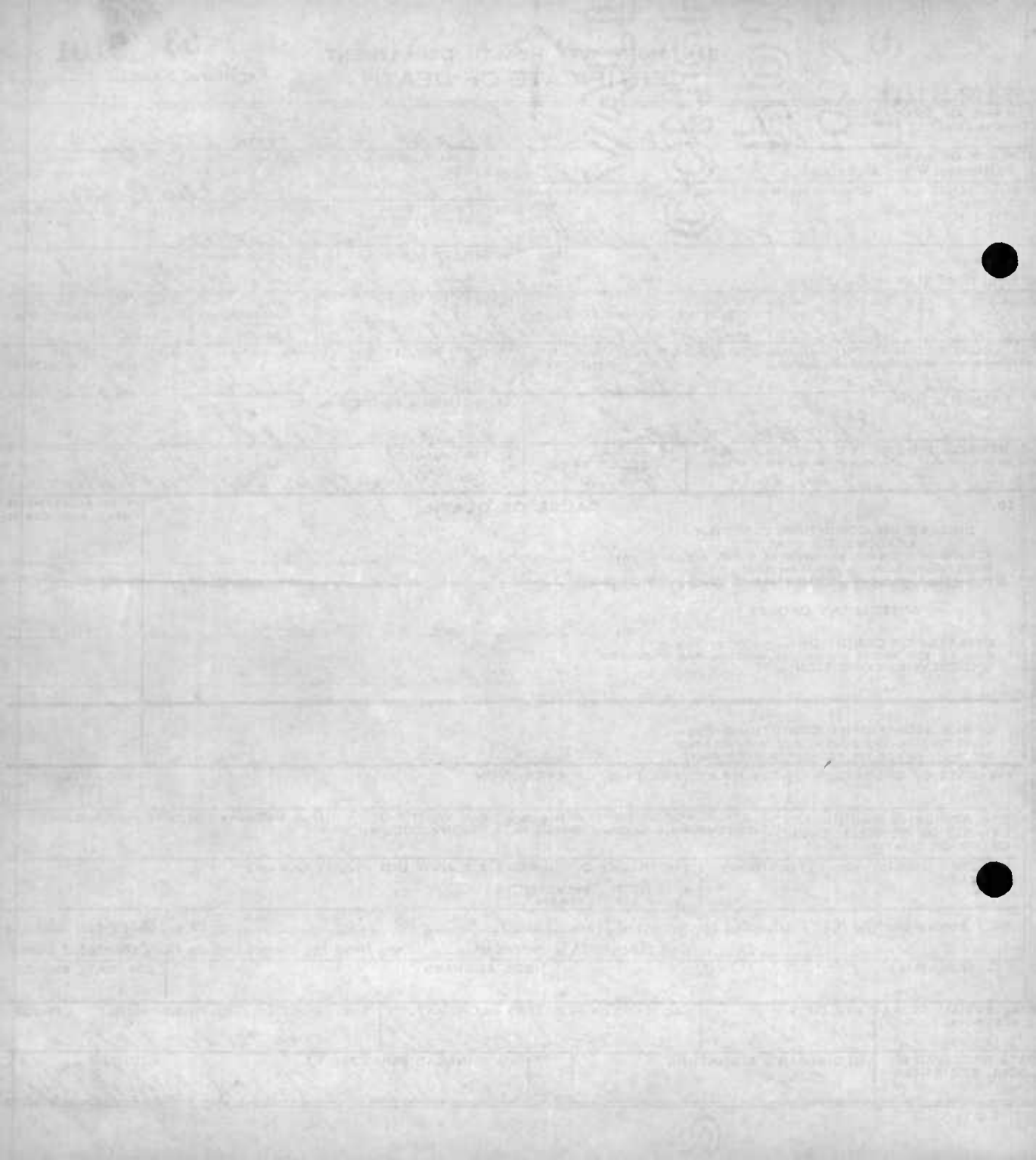
22. I hereby certify that I attended the deceased from *Oct 12*, 1953, to *Oct 13*, 1953, that I last saw the deceased alive on *Oct 12*, 1953, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE *Edw. C. Harman* M. D. 23B. ADDRESS *4037 Bell Rd.* 23C. DATE SIGNED *10/17/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *burial* 24B. DATE *Oct 15/53* 24C. NAME OF CEMETERY OR CREMATORY *Prospect Hill* 24D. LOCATION (City, town, or county) (State) *Connon Md*

DATE RECEIVED BY LOCAL REGISTRAR *14 1953* REGISTRAR'S SIGNATURE *Thurston* 25. FUNERAL DIRECTOR *Shirley Morris* ADDRESS *108 W. York Ave*

VS 150 033 4F



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 910253 9102  
BIRTH NO.

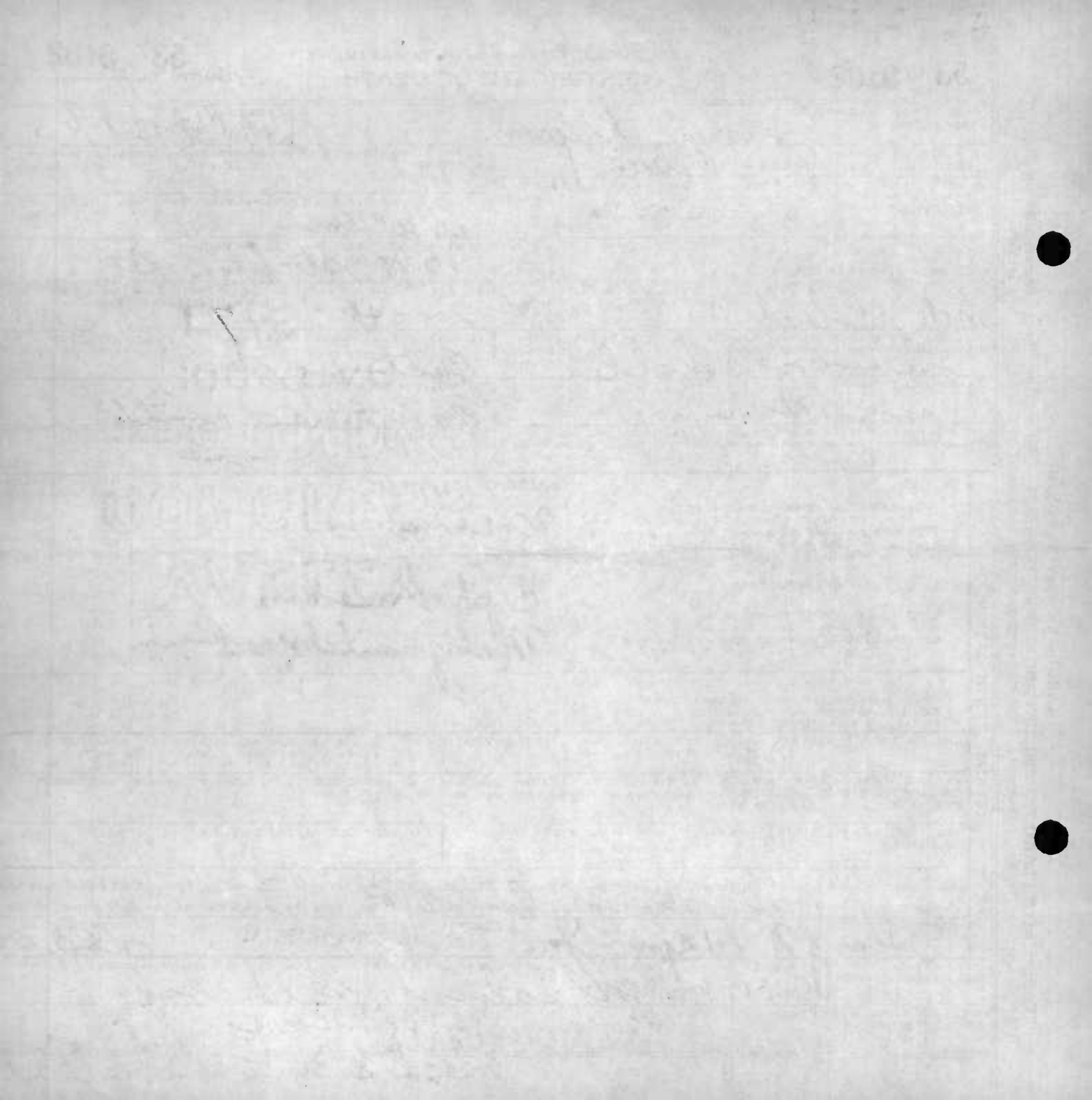
1. NAME OF DECEASED (Type or Print) <u>James Dyson</u>		2. DATE OF DEATH <u>Oct-13-1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Calver 2</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 15-01</u>	
c. Length of stay in Baltimore Yrs. <u>3</u> Mos. <u>2</u> Days		D. STREET ADDRESS (If rural, give location) <u>1378 Stockton St</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-1-06</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Welder</u>	9. AGE (In years last birthday) <u>47</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>James Dyson</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ellen Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

18. <u>446x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Kremia</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Nephrosclerosis</u> DUE TO		
(C) <u>Malignant hypertension</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>✓</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 10-6, 1953, to 10-13, 1953, that I last saw the deceased alive on 10-13, 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Henry N. Wagner, Jr.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>Oct 13, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Oct 17, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	
24D. LOCATION (City, town, or county) <u>Balt. Md.</u>		24E. FUNERAL DIRECTOR <u>Joseph L. Reuss</u>		ADDRESS <u>2222 N. North Ave., Balt. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 14 1953</u>		REGISTRAR'S SIGNATURE <u>Henry N. Wagner, Jr.</u>			





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53-9103BIRTH NO. 53-91031. NAME OF DECEASED  
(Type or Print)George R. Ross2. DATE  
OF  
DEATH Oct-11-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)A. STATE Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)1531 East Lombard StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)Baltimore3-01

D. STREET ADDRESS (If rural, give location)

1531 East Lombard StreetC. Length of stay in Baltimore 60 Yrs.Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Col.7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Feb-16-18949. AGE (In years  
last birthday)5910. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Laborer10B. KIND OF BUSINESS OR  
INDUSTRYIn General

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

John Ross

14. MOTHER'S MAIDEN NAME

Jane Ross15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL  
SECURITY NO.212-03-0329

17. INFORMANT

ADDRESS

Margaret Ross 1531 E. Lombard St18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cardio vascular disease

DUE TO

1/2 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertension

DUE TO

1 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Oct, 1953, to 11 Oct, 1953, that I last saw the  
deceased alive on 8 Oct, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Burwell

M. O.

23B. ADDRESS

620 Reservoir

23C. DATE SIGNED

10-14-5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

10/15/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington B. Brown

25. FUNERAL DIRECTOR

Elmer Wilson 1000 Brantley

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9104  
Registered No.

BIRTH NO. 53-06476

1. NAME OF DECEASED  
(Type or Print)Buschmann, Lynn M.  
Buschman, Lynne M.2. DATE  
OF  
DEATH

10/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md/

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

954 St. Agnes's Lane, Catonsville 7

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

4 3/9/53

9. AGE (In years  
last birthday)If Under 1 Year Months: Days Hours: Min.  
710A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Buschman

14. MOTHER'S MAIDEN NAME

Beata Tillman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

St. Agnes Hospital Records

18. 475X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute Pulmonary Edema

10/12/53

DUE TO

Acute Congestive failure

10/13/53

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Acute Upper Respiratory Infection: Acidosis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12/53, 19\_\_, to 10/13/53, 19\_\_, that I last saw the  
deceased alive on 10/13/53, 19\_\_, and that death occurred at 6:44 a. m., from the causes and on the date stated above.

23A. SIGNATURE

B. Martin Middleton

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10/13/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/15/53

24C. NAME OF CEMETERY OR CREMATORY

U. S. National

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

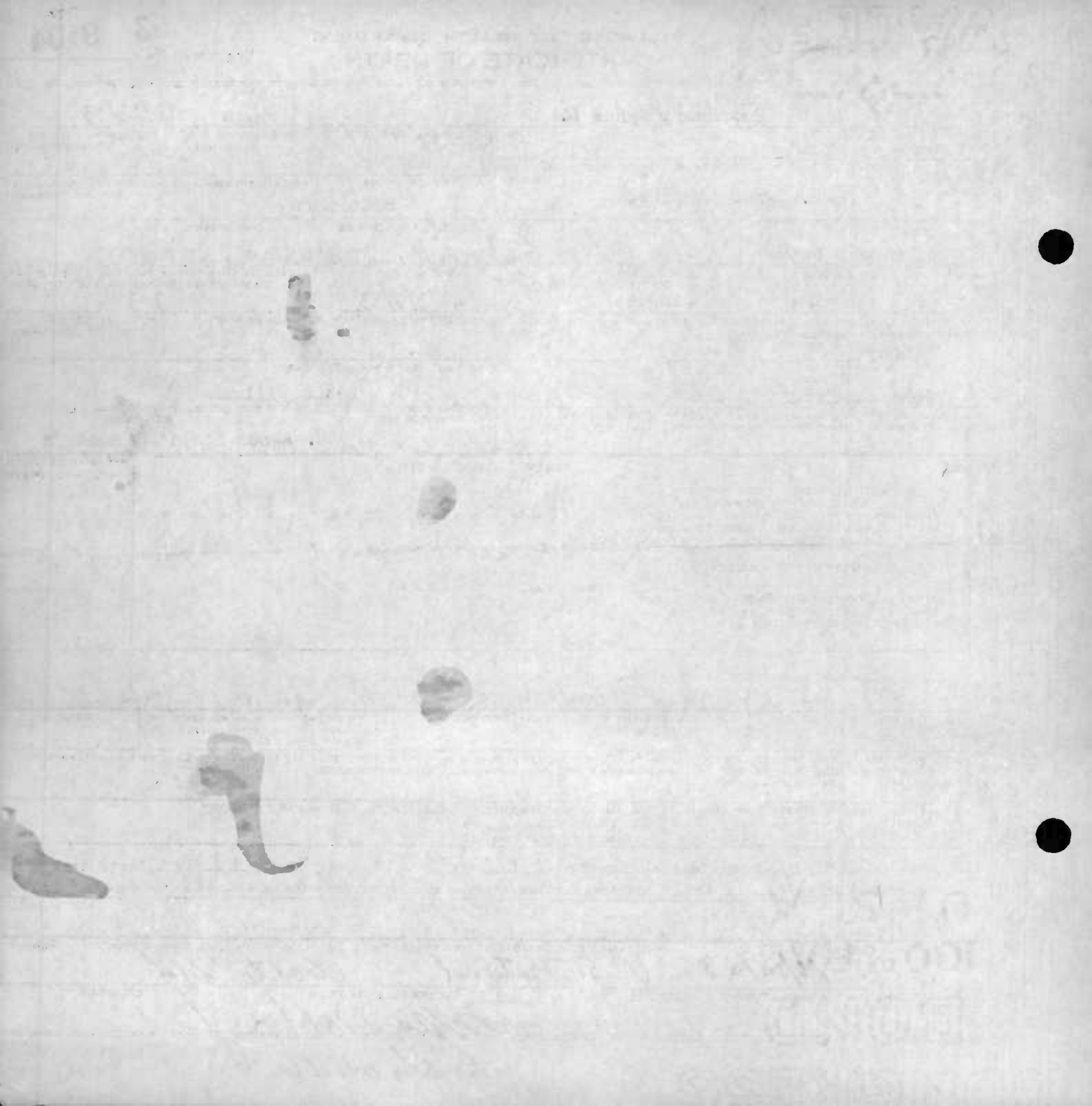
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

St. Agnes Hospital  
Catonsville 28OCT 14 1953  
VS 150



53 9105

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9105  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Thomas Moiseuk</i>		2. DATE OF DEATH <i>Oct. 12, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Surg. Hall</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>7-03</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 31</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>725 S. Bond St</i>		E. LENGTH OF STAY IN BALTIMORE <i>30 YRS</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>- - 84 69</i>	9. AGE (In years last birthday) <i>69</i>	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>JANITOR</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>BETH STEEL CO</i>		11. BIRTHPLACE (State or foreign country) <i>RUSSIA</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-07-4071</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>E916.0</i>		CAUSE OF DEATH <i>Massive brain 40%</i>		INTERVAL BETWEEN ONSET AND DEATH <i>36 hours</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO		CERTIFICATION APPROVED BY <i>Joseph G. Jachin</i> M.D. CHIEF OR ASST. MEDICAL EXAMINER.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II.	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>725 S. Bond St. - m. 03</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Oct 11, 1953 12</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>burned during conflagration</i>	
22. I hereby certify that I attended the deceased from <i>10-11-1953</i> to <i>10-12-1953</i> that I last saw the deceased alive on <i>10-12-1953</i> and that death occurred at <i>10:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William F. Kienhoff</i> M.D.		JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>OCT 16 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>HOLY TRINITY CEM.</i>	
24D. LOCATION (City, town, or county) (State) <i>ELK RIDGE MD</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 14 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington</i>	
24G. FUNERAL DIRECTOR <i>Suppel Bros</i>		24H. ADDRESS <i>1800 E LOMBARD ST.</i>			

IN SENATE

JANUARY 1, 1890

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1889

ALBANY:

WEDDERBURN, BROS. & CO. PRINTERS

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9106

53-16764

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53

9106

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Allen</b>		2. DATE OF DEATH <b>10/11/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>		5. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>BALTIMORE</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>FRANKLIN SQUARE HOSPITAL</b>		C. STREET ADDRESS (If rural, give location) <b>511 N. GILMORE ST.</b>		6. LENGTH OF STAY IN BALTIMORE <b>LIFE</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>7/22/53</b>	9. AGE (in years last birthday) <b>2</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>		11. BIRTHPLACE (State or foreign country) <b>BALTO. MD.</b>	
13. FATHER'S NAME <b>ROBERT HOUSE</b>		14. MOTHER'S MAIDEN NAME <b>INEZ MASON</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>INEZ HOUSE(M)</b> ADDRESS <b>511 GILMOR ST</b>	
18. <b>491X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>BRONCHO PNEUMONIA</b>			
ANTECEDENT CAUSES		DUE TO <b>Upper Respiratory Infection</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		23A. SIGNATURE <b>R. F. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <b>10-11-53</b>		24. NAME OF CEMETERY OR CREMATORY <b>Mid Calvary Cem.</b>		24D. LOCATION (city, town, or county) <b>A. D. County Md.</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/15/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mid Calvary Cem.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1953</b>		REGISTRAR'S SIGNATURE <b>W. H. Fisher</b>		25. FUNERAL DIRECTOR <b>W. H. Fisher</b> ADDRESS <b>512 Carrollton Ave.</b>	



CERTIFICATE CORRECTED

10-16-53

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9107

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)NELSON  
JOHN -N. GRAVES2. DATE  
OF DEATH Oct. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland B. COUNTY before admision)B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

Cathedral &amp; Read Sts. (Earl Hotel)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

56

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Cemetery Lots

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Phillip T. Graves

14. MOTHER'S MAIDEN NAME

Carrie M. Harding

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Richard McLaughlin

18. 581.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Laennec's cirrhosis

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21a. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE

Joseph A. Jackson Jr.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER ☒

MEDICAL INVESTIGATOR

23C. DATE SIGNED

Oct. 13, 1953

24A. FUNERAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/17/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county)

Havensbrook Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

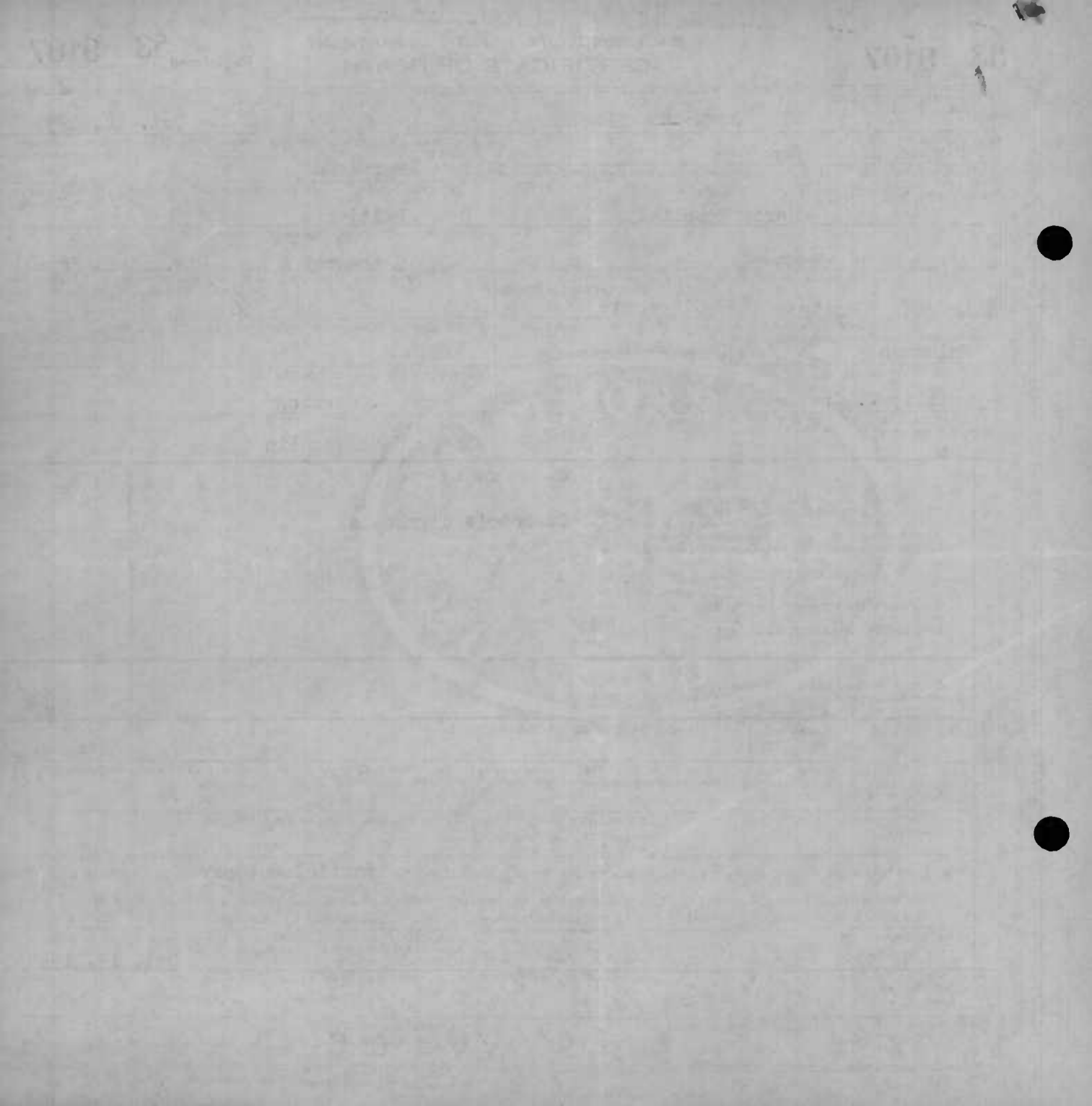
ADDRESS

OCT 14 1953

Hunting 5/13 000

Harrison Funeral Home

Beverlytown Md.



53 9108

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9108  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elmer Grove (Elmer Grove)

2. DATE  
OF  
DEATH

October 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Pa. B. COUNTY V-25 before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

R. D. #3

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR  
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Huntingdon Co. Pa.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

SAMUEL GROVE

14. MOTHER'S MAIDEN NAME

Mary DONELSON, HUNTINGDON Pa.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 141X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypotension following radical neck  
dissection for CA of Tongue

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Pneumonia

19A. DATE OF OPERATION

10/1/53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

CA of tongue

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1953 to 10-13, 1953, that I last saw the  
deceased alive on 10-13, 1953, and that death occurred at 10:28 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 16-53

24C. NAME OF CEMETERY OR CREMATORY

McConnell's Town

24D. LOCATION (City, town, or county)

Huntingdon Pa.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1953

Huntingdon Co. Pa.

1414 R. D. Cook Inc 1217 St Paul, Pa.

James H. Smith (1800-1870)

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1800-1870



K-410 CERTIFICATE CORRECTED 10-27-53

53 9109

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9109

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>CHARLES LARE KLEFF, SR.</b>			2. DATE OF DEATH <b>October 14, 1953</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <b>3723 Second Avenue, Curtis Bay</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 19, 1882</b>		9. AGE (in years last birthday) <b>71</b>	10. Under 1 Year Months: _____ Days: _____	11. Under 24 Hours Hours: _____ Min: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Detective Detail</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>			11. BIRTHPLACE (State or foreign country) <b>Hanover, Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Arnold Kleff</b>			14. MOTHER'S MAIDEN NAME <b>Anna Voshiell</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>yes W. W. I.</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>Mrs. Evelyn D. Kleff, 3723 Second Street</b>			ADDRESS		

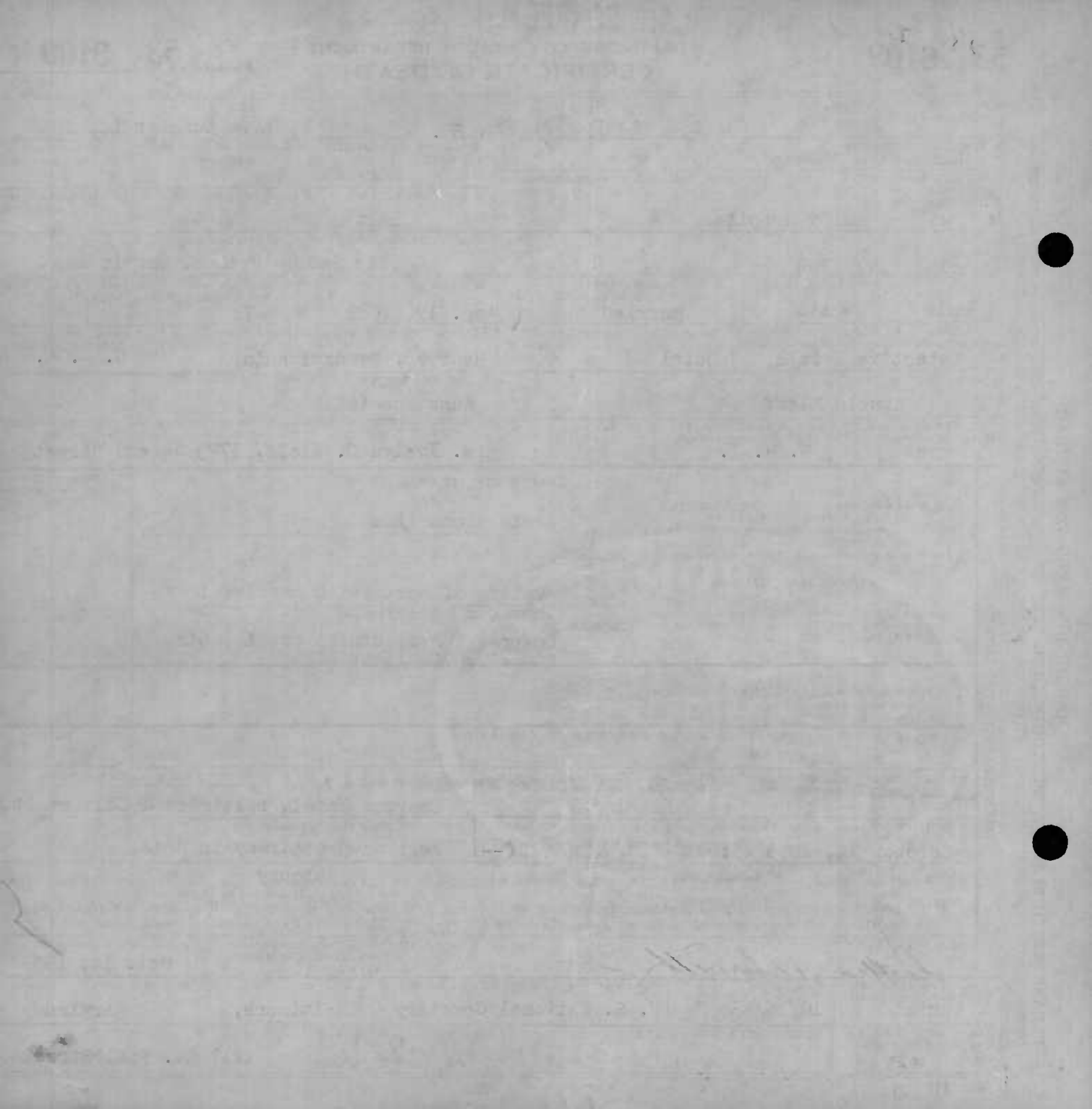
18. <b>E 900.6 and 322.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute alcoholism</b> (A) <del>XXXXX</del>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Rupture of aorta with massive intra-thoracic hemorrhage</b> <del>XXXXX</del> (C) <b>Compression fractures of 5th, 6th, and 7th dorsal vertebrae</b>								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Hotel</b>		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Emerson Hotel, Baltimore &amp; Calvert Sts</b>				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>October 14, 1953 3:00 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell down stairway in hotel</b>		4/1		
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23a. SIGNATURE <i>William Upchurch</i>			23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....			23c. DATE SIGNED <b>Oct. 14, 1953</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10/16/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>U. S. National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1953</b>		REGISTRAR'S SIGNATURE <i>William Upchurch</i>		25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>		

VS 151

js

N 805.0

773 8B



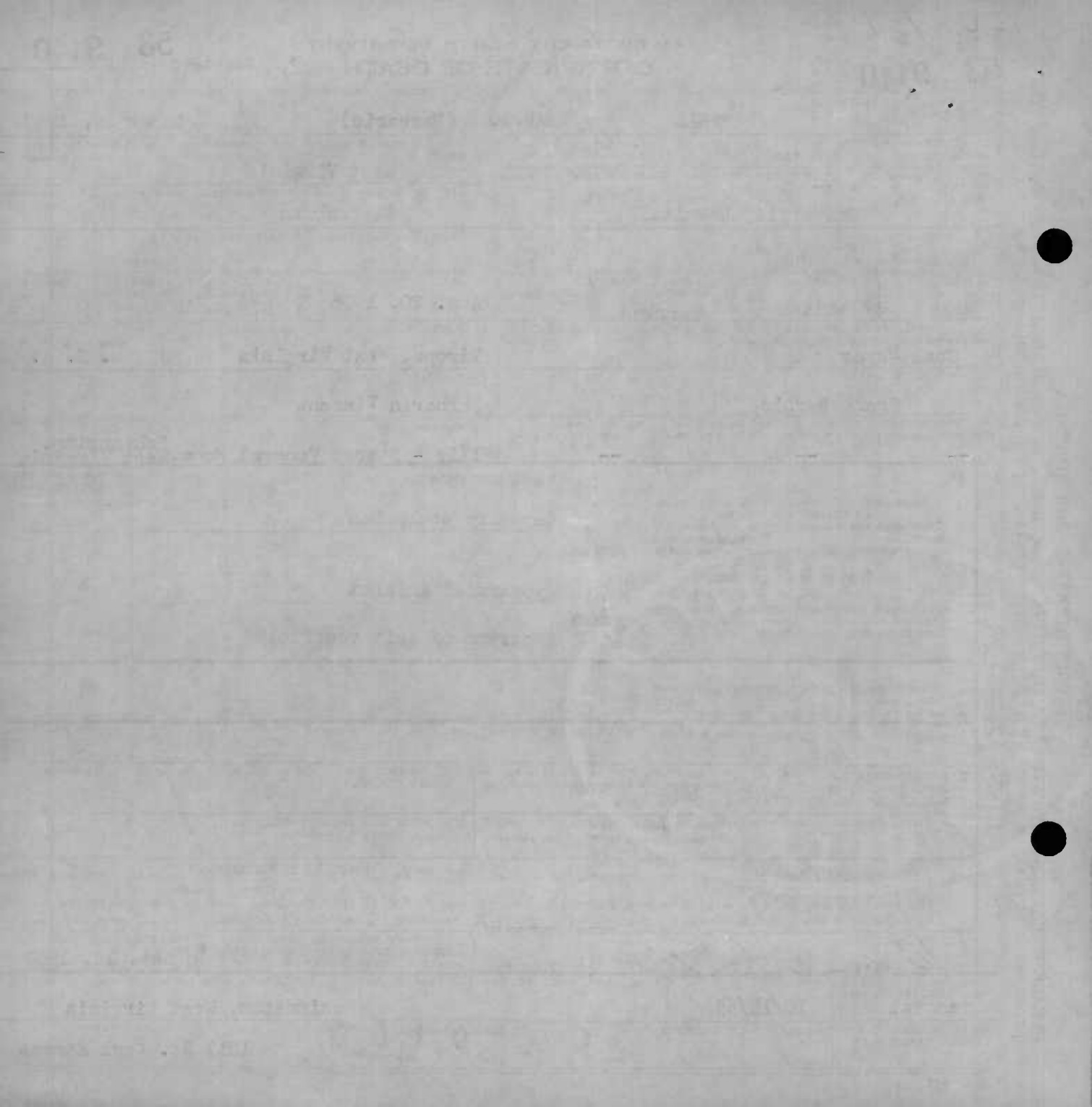
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9100

B-612 B-616  
53 9100

1. NAME OF DECEASED (Type or Print)			STEPHEN BARBIC (Barbaric)			2. DATE OF DEATH October 14, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			A. STATE West Virginia			B. COUNTY			
C. Length of stay in Baltimore Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarksburg			D. STREET ADDRESS (If rural, give location)			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20, 1906		9. AGE (in years last birthday) 47		10. Under 1 Year Months: Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Buyer			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Viropa, West Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Frank Barbic			14. MOTHER'S MAIDEN NAME Barbarin Vincent			17. INFORMANT Ellis - Stacey Funeral Home, West Virginia			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			ADDRESS Schinnston,			

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION (A) <del>XXXXX</del>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. MYOCARDIAL INFARCT (B) <del>XXXXX</del>			MYOCARDIAL INFARCT					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ANEURYSM OF LEFT VENTRICLE (C) <del>XXXXX</del>			ANEURYSM OF LEFT VENTRICLE					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE <i>W. M. Smith</i>			23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....			23C. DATE SIGNED Oct. 14, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) removal			24B. DATE 10/14/53			24C. NAME OF CEMETERY OR CREMATORY Schinnston, West Virginia		
DATE RECEIVED BY LOCAL REGISTRAR OCT 14 1953			REGISTRAR'S SIGNATURE <i>W. M. Smith</i>			25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street		



Performed by: M. D. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

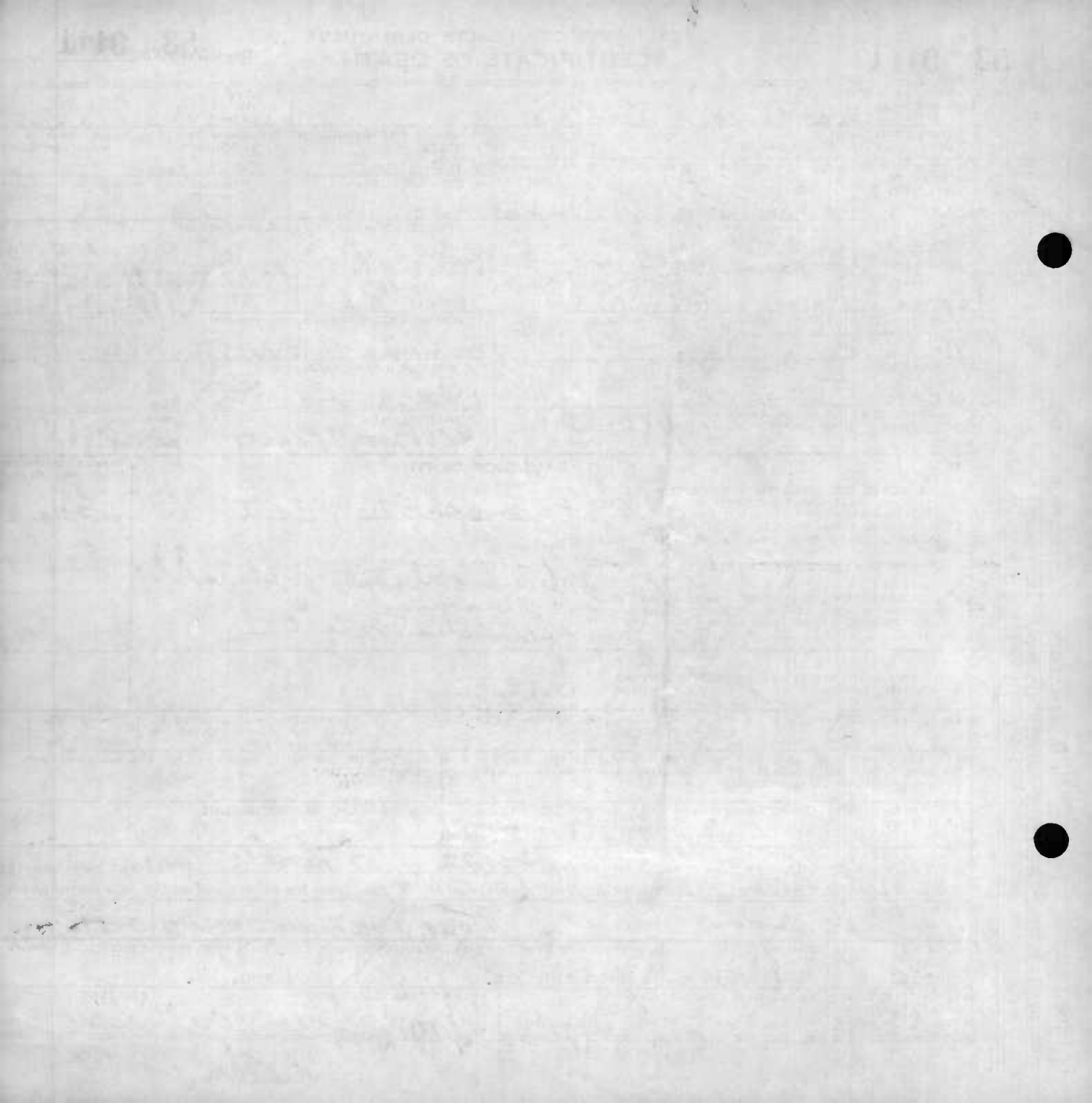
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 9111

D-242  
53 9111  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Ida Grace Douglass</u>			2. DATE OF DEATH <u>October 12, 1953</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN <u>Parkville</u> (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) <u>2325 Ellen Ave. Parkville Md</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>white</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			8. DATE OF BIRTH <u>7-16-72</u>		
9. AGE (In years last birthday) <u>81</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore Co. Md.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>John Oliver</u>			14. MOTHER'S MAIDEN NAME <u>MARGARET WATSON</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>MRS EDITH J. KLAGET</u>			ADDRESS <u>SAME</u>		

18. <u>260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pyelonephritis, acute</u> CAUSE OF DEATH (A) <u>Pyelonephritis, acute</u> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <u>22 days</u>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerotic Cardiovascular Disease</u> (B) <u>Diabetes Mellitus</u> DUE TO (C) <u>Diabetes Mellitus</u>			?		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Diabetes</u>					
21. DATE OF OPERATION <u>0</u>		22. CONDITION FOR WHICH OPERATION WAS PERFORMED		23. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from <u>Sept 22</u> , 19 <u>53</u> , to <u>Oct 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>53</u> , and that death occurred at <u>6:10 p.m.</u> , from the causes and on the date stated above.					
31. SIGNATURE <u>Dr. J. J. Dugan</u>		32. ADDRESS <u>HOSP. FOR WOMEN OF MD</u>		33. DATE SIGNED <u>Oct 12, 1953</u>	
34. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		35. DATE <u>10/16/53</u>		36. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	
37. LOCATION (City, town, or county) <u>Woodlawn, Md.</u>		38. DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 14 1953</u>		39. REGISTRAR'S SIGNATURE <u>Wm. J. Sicker &amp; Sons</u>	
40. FUNERAL DIRECTOR <u>Wm. J. Sicker &amp; Sons</u>		41. ADDRESS <u>Balto. 17, Md.</u>			





8-346

9112

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9112

NAME OF DECEASED  
(Type or Print)

Rebecca Deane Butler

2. DATE  
OF  
DEATH

Oct 11 '53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

Length of stay in Baltimore

4 months

Yrs.  
Mos.  
Days

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)108. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

R. Charles Butler

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give  
township)

D. STREET ADDRESS (If rural, give location)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 341X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) right cerebral sinus thrombosis 10 days  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C) DUE TOOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Oct 10, 1953 to Oct 11, 1953 that I last saw the  
deceased alive on Oct 11, 1953 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1953

Huntington Williams, Jr.

Ellsworth Armacost

4600 Liberty Heights Ave

Oct 11/17

Robert F. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

W. B. B. B.

53

9113

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

53 9113

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Baby Gail Quattlebaum

2. DATE  
OF  
DEATH

Oct-12-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTE) JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-05

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1932 Mc Elderry St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Julian Quattlebaum

14. MOTHER'S MAIDEN NAME

Francis Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cardiac failure due to congenital  
DUE TO heart disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

CERTIFICATION APPROVED BY

(C)

CHIEF OR ASST. MEDICAL EXAMINER.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on DOA, 19\_\_\_\_, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry M. Seidel

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

Oct. 12, 1953

Sipple's Mortuary

Savannah, Georgia

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 14 1953

E. B. Wolverton

Funeral Home, Inc  
403 - E. 25th Street, Baltimore - 18, Md.

James M. Smith

[Redacted]

James M. Smith

James M. Smith

James M. Smith

James M. Smith

James M. Smith

R-350

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9114

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rotunno, Raphaela

2. DATE  
OF DEATH October 14, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
(If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10. KIND OF BUSINESS OR  
INDUSTRY

Own home

9. FATHER'S NAME

Dominick D'Antoni

11. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

May 15, 1876

9. AGE (in years,  
last birthday)

77

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

Mrs. Funari, 3015 Gibbons Ave

18. 331X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

CAUSE OF DEATH

Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 13, 1953 to October 14, 1953, that I last saw the  
deceased alive on Oct. 14, 1953, and that death occurred at 8:00a.m., from the causes and on the date stated above.

23A. SIGNATURE

Pelagio E. Layney

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

Oct. 14, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/17/'53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

25. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES OF AMERICA  
DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF STAFF

11-20-54

11-20-54

TO: THE CHIEF OF STAFF, ARMY, WASHINGTON, D.C.

FROM: THE CHIEF OF STAFF, ARMY, WASHINGTON, D.C.

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]



0-250

58 9115

RTH NO. 53-23580

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9115

NAME OF DECEASED  
(Type or Print)

BABY BOY DIXON

2. DATE  
OF  
DEATH

9-27-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

LUTHERAN HOSPITAL OF MD., INC.

Length of stay in Baltimore

3 hrs. 45 min.

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

NEWBORN

10B. KIND OF BUSINESS OR  
INDUSTRY

NONE

9. FATHER'S NAME

KENNETH GILBERT DIXON

11. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(a, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.  
NONE4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 23 20-06

D. STREET ADDRESS (If rural, give location)

335 FONTHILL AVE

8. DATE OF BIRTH

9-27-53

9. AGE (in years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

3 45

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?  
U. S.

14. MOTHER'S MAIDEN NAME

LOIS ANN ZIMMERMAN

17. INFORMANT

ADDRESS

MOTHER

18. 760.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

3 hrs 45 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) ANOXIA

DUE TO

(C) PROLONGED SECOND STAGE OF LABOR

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-27-53 Delivery

19B. MAJOR FINDINGS OF OPERATION

Forceps Rotation and Delivery

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

NONE

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

NONE

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from 9-27, 1953, to 9-27, 1953 that I last saw the  
deceased alive on 9-27, 1953 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

LUTHERAN HOSPITAL OF MD., INC.

9-27-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR

REGISTRAR'S SIGNATURE

ADDRESS

26. LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9116**

53 9116

53-20856

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BRADLEY NORTON

2. DATE  
OF  
DEATH

September 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore-21-

Essey-

D. STREET ADDRESS (If rural, give location)

304-A Poplar Road

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

September 2, 1953

9. AGE (In years  
last birthday)

10 Under 1 Year

11 Under 24 Hours

12 Under 24 Hours

13 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore-Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

Bradley Norton Tressler

14. MOTHER'S M maiden name

Anna Ruth Tressler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Anoxia

DUE TO

## ANTECEDENT CAUSES

(B) Congenital heart abnormality.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2nd, 1953 to Sept. 3rd, 1953, that I last saw the  
deceased alive on 9/3/53, 19, and that death occurred at 5:05 a.m., from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

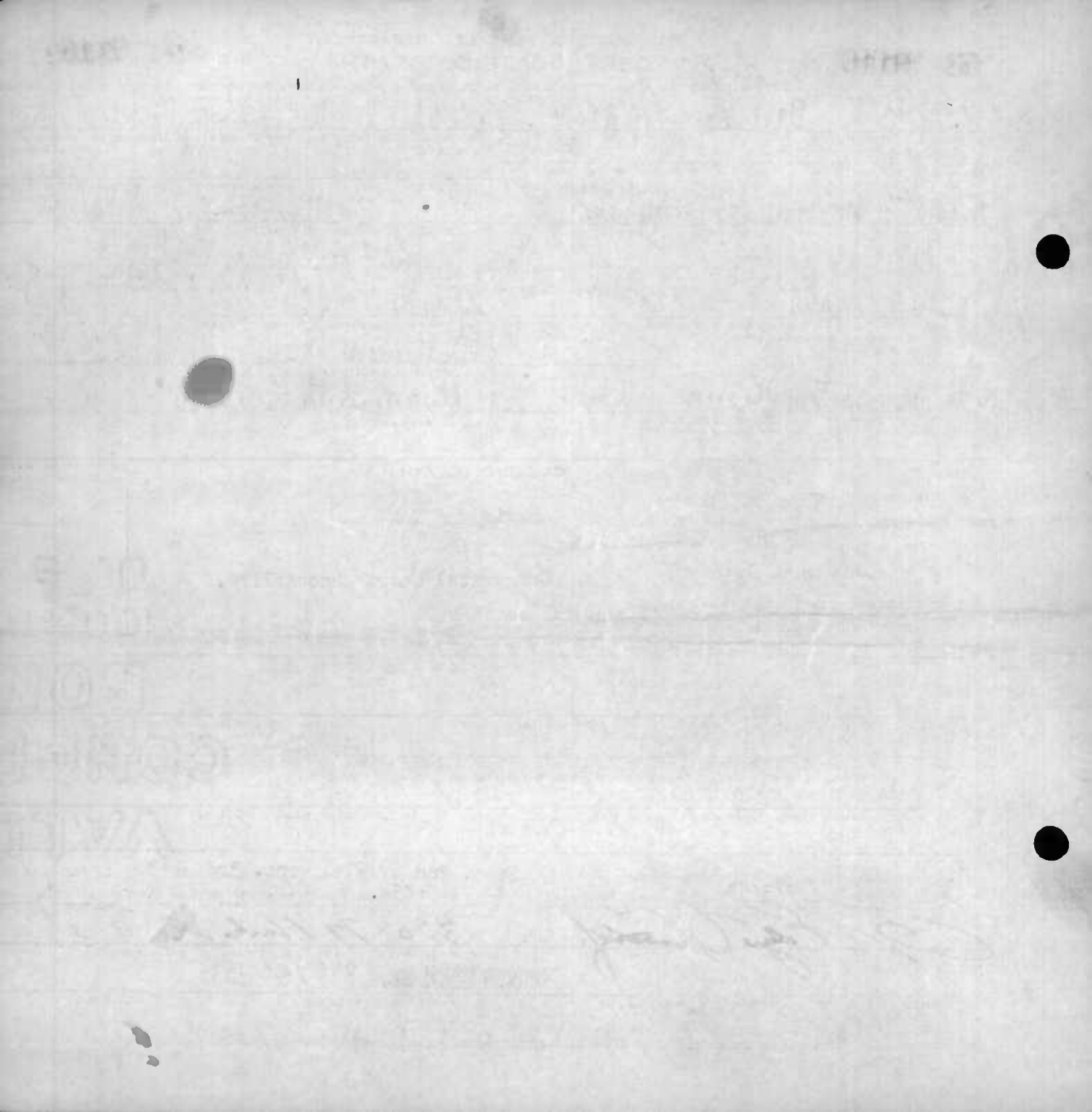
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL SEP 14 1953



K. 612  
53 9117KAROPCHINSKY  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9117

BIRTH NO. 53-22694

NAME OF DECEASED  
(Type or Print)

GEORGE KAROPCHINSKY

2. DATE  
OF  
DEATH

September 19, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

LUTHERAN HOSP. OF MD.

Length of stay in Baltimore

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)8. A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)B. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

PETER GEORGE KAROPCHINSKY

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(a, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTO., MD. 25-04

D. STREET ADDRESS (If rural, give location)

904 AFT. CT. # 25

8. DATE OF BIRTH

September 19, 1953

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

MARY REGINA ODLE

17. INFORMANT

MOTHER

ADDRESS

18. 776x

CAUSE OF DEATH

IMMATURITY wt.

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

~~IMMATURITY~~ 560 gm 34 minutes

## ANTECEDENT CAUSES

(B) .....

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) .....

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 19, 1953, to September 19, 1953, that I last saw the  
deceased alive on September 19, 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Francis L. Gumbrie

M. D.

23B. ADDRESS

809 Medical Arts

23C. DATE SIGNED

9/26/53.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL SET, 29, 1953

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 9118

53 9118  
BIRTH NO. 53-22792

1. NAME OF DECEASED (Type or Print) <b>BABY Boy BRIDGMAN</b>			2. DATE OF DEATH <b>September 19, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hospital for Women of Maryland</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore-10-27-13</b>		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>715 Redpine Road</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Sept 18, 1953</b>	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore-Maryland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Evelyn Nelson Bridgman</b>			14. MOTHER'S MAIDEN NAME <b>Marjorie Burrill Murray</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <b>762.5</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Atalectasis</b> DUE TO				INTERVAL BETWEEN ONSET AND DEATH <b>12 hr 15 min</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prematurity (28 wks)</b> DUE TO				<b>12 hr 15 min</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/18/53</b> to <b>9/19/53</b> , 1953, that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>5:15 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Charles R. Green, Jr.</b>		23B. ADDRESS <b>Hospital for Women of Md.</b>		23C. DATE SIGNED <b>9/19/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <b>UNIVERSITY MEDICAL SCHOOL SEP 29, 1953</b>	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR <b>Huntington Williams, Jr.</b>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>SEP 14 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, Jr.</b>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9119

53 9119 23224  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Baby Girl O'Connell

2. DATE  
OF  
DEATH

9/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

- ANNE ARUNDEL

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

HOSPITAL FOR WOMEN OF MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

GLEN BURNIE

C. Length of stay in Baltimore

36 hrs. 57 min.

D. STREET ADDRESS (If rural, give location)

FURNACE BRANCH ROAD

ROUTE 2  
BOX 147

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

BABY

8. DATE OF BIRTH

SEPT. 26, 1953

9. AGE (In years  
last birthday)10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

RICHARD HOMESLY O'CONNELL

14. MOTHER'S MAIDEN NAME

NORMA SQUIRES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Congenital atelectasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

Prematurity (32 wks)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK  
NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1953, to 9/28, 1953, that I last saw the  
deceased alive on 9/28, 1953, and that death occurred at 11:05 a. m., from the causes and on the date stated above

23A. SIGNATURE

Charles O. Green, Jr.

23B. ADDRESS

M. O. Hospital for Women of Md.

23C. DATE SIGNED

9/28/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

UNIVERSITY MEDICAL SCHOOL SEP 29, 1953

25. FUNERAL DIRECTOR

ADDRESS

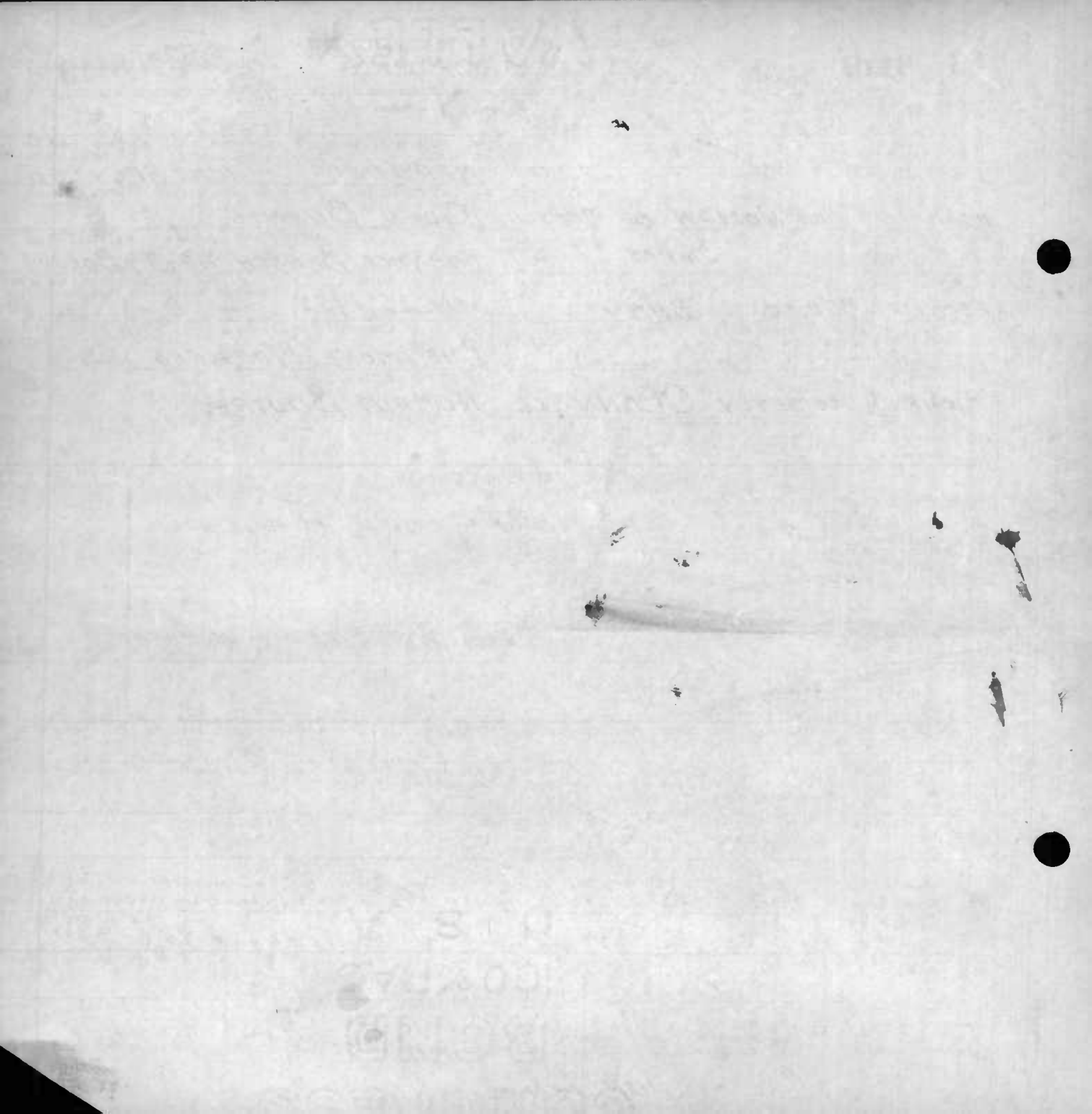
OCT 14 1953

Huntington Williams, Jr.

94 Huntington Williams, Jr.

VS 150

DUPLICATE



2-153

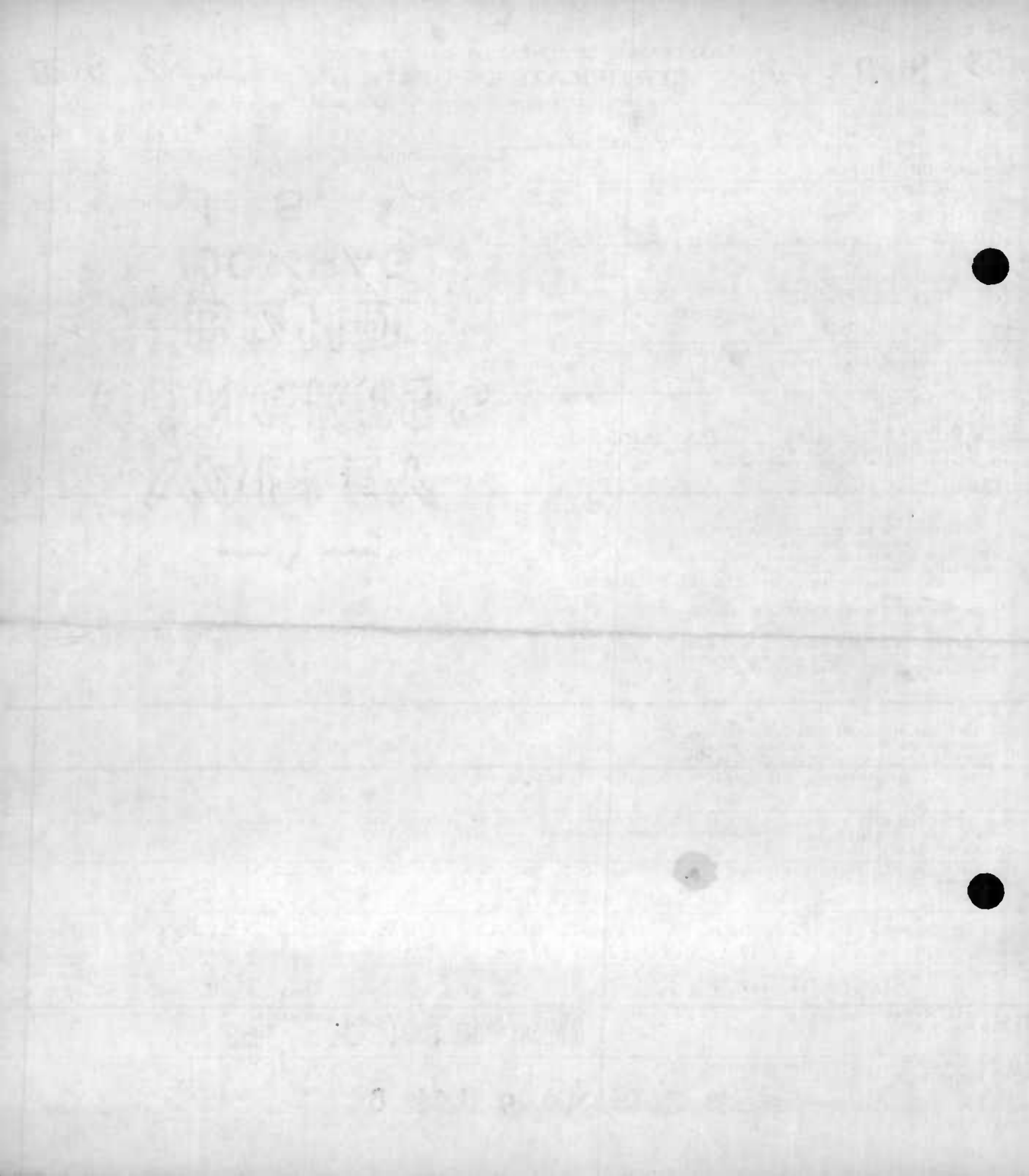
53

9120

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9120

1. NAME OF DECEASED (Type or Print) <b>BABY GIRL CAVENDER</b>		2. DATE OF DEATH <b>Sept. 22, 1953</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Franklin Square Hospital</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. STREET ADDRESS (If rural, give location) <b>2267 W. Jefferson St.</b>		8. DATE OF BIRTH <b>Sept. 21, 1953</b>	
9. AGE (In years last birthday) <b>3 1/2</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. MOTHER'S MAIDEN NAME <b>EDITH YANCE.</b>	
13. FATHER'S NAME <b>James A. CAVENDER</b>		14. INFORMANT <b>EDITH Y. CAVENDER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>		16. SOCIAL SECURITY NO. <b>2267</b>	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Permaternity</b>			
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>INTERVAL BETWEEN ONSET AND DEATH 8 hours 40 min</b>			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 21, 1953</b> , to <b>Sept. 22, 1953</b> that I last saw the deceased alive on <b>Sept. 22, 1953</b> and that death occurred at <b>7:10 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>J. P. Antone</b>		23B. ADDRESS <b>Franklin Square Hosp. Balto Md.</b>	
23C. DATE SIGNED <b>9.24.53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <b>UNIVERSITY MEDICAL SCHOOL</b>		24D. LOCATION (City, town, or county) (State) <b>SEP, 24, 1953</b>	
25. FUNERAL DIRECTOR <b>Huntington Williams, Jr.</b>		ADDRESS <b>Huntington Williams, Jr.</b>	





0-235

53 9121

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9121  
Registered No.

BIRTH NO. 13-22802		1. NAME OF DECEASED (Type or Print) <b>BABY GIRL OGDEN</b>		2. DATE OF DEATH <b>September 15 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore - 4 - 8255</b>	
6. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hospital for Women of Maryland</b>		D. STREET ADDRESS (If rural, give location) <b>600 North Bend Road</b>		7. SEX <b>Female</b>	
8. Length of stay in Baltimore		9. AGE (In years: last birthday) <b>September 15 1953</b>		10. AGE (In years: last birthday) <b>15</b>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <b>Baltimore - Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. C.</b>	
13. FATHER'S NAME <b>Francis Cooper Ogden</b>		14. MOTHER'S M maiden name <b>Garnette Lavonne Parker</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
18. <b>754.0</b> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Congenital heart (Tetralogy of falott)</b>					
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b>					
DUE TO					
<b>(C)</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>9-15</b> , 19 <b>53</b> , to <b>9-15</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9-15</b> , 19 <b>53</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.		23A. SIGNATURE <b>Vernon C. Kelly</b>	
23B. ADDRESS <b>116 Chase St</b>		23C. DATE SIGNED <b>9-15-53</b>		24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
OCT 14 1953		Huntington		Huntington	

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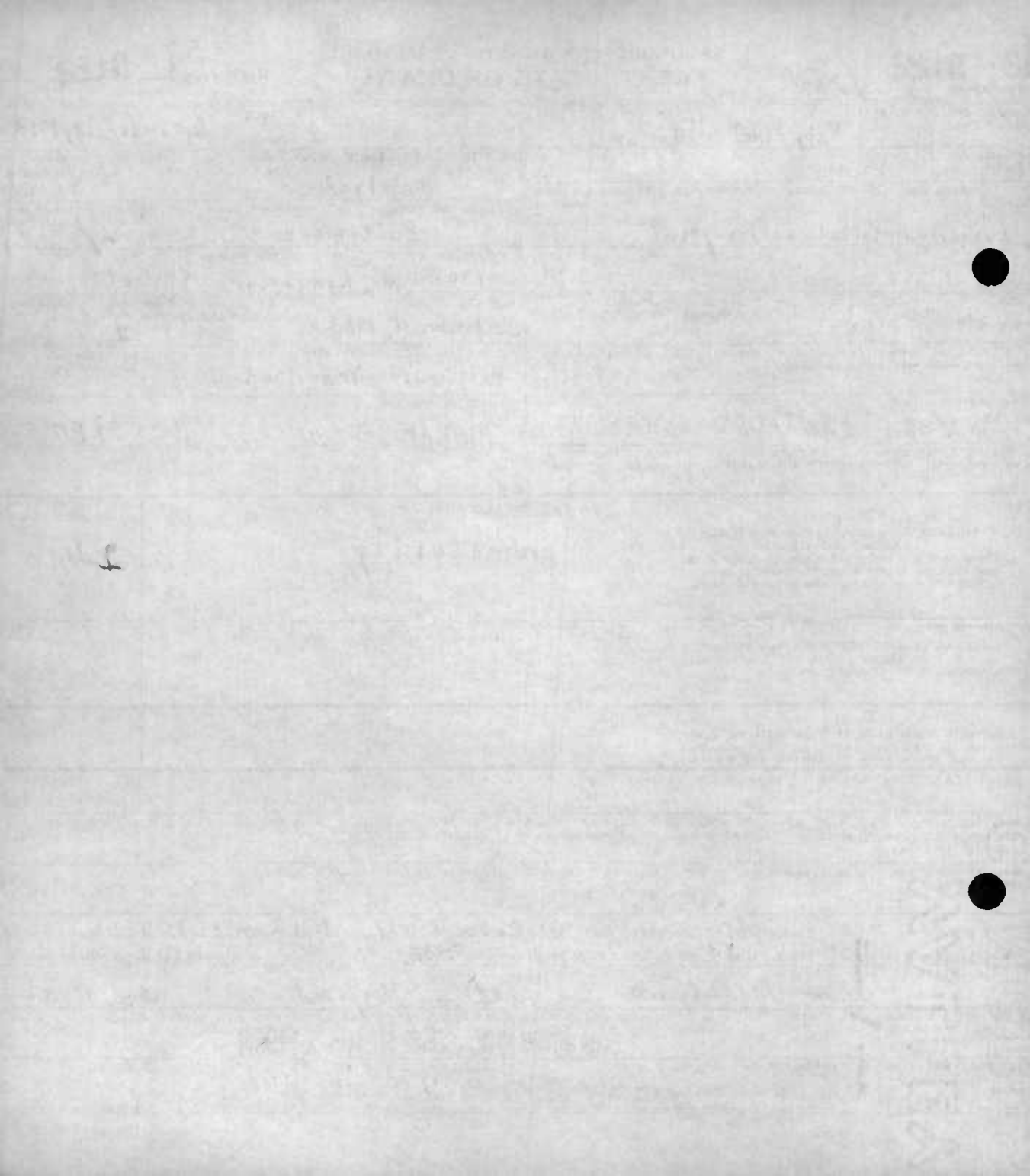
5-363

53 9122

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9122

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Girl. Stewart.		September 18, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland	
Lutheran Hospital of Maryland.		B. COUNTY	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Baltimore 16-07	
5. SEX Female		D. STREET ADDRESS (If rural, give location)	
6. COLOR OR RACE white		1306 W. Longwood Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
9. A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		September 16, 1953	
10. B. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday)	
11. BIRTHPLACE (State or foreign country)		If Under 1 Year Months: Days	
Baltimore, Maryland		2	
12. CITIZEN OF WHAT COUNTRY?		If Under 24 Hours Hours: Min.	
13. FATHER'S NAME WARNER LANSFORD STEWART		14. MOTHER'S MAIDEN NAME MARIE FRANCES BELSITO	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS	
16. SOCIAL SECURITY NO.			
18. 776 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) prematurity		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		2 days	
ANTECEDENT CAUSES			
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from September 16, 1953, to September 18, 1953, that I last saw the deceased alive on September 18, 1953, and that death occurred at 5:45 A. M., from the causes and on the date stated above.			
23A. SIGNATURE Teruo Masukawa M. D.		23B. ADDRESS Lutheran Hospital	
23C. DATE SIGNED Sept. 18, 53			
24A. NAME OF CEMETERY OR CREMATORY		24B. LOCATION (City, town, or county) (State)	
JOHN HOPKINS MEDICAL SCHOOL SEP 22, 1953			
25. FUNERAL DIRECTOR		ADDRESS	
Huntington Williams, D. O. B. 10-10-1893			



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53 9123

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9123

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Popoli, Mary Marie

2. DATE

OF DEATH October 12, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

Balt. City.

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. STREET ADDRESS (If rural, give location)

529 S. Decker Avenue #24

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

9. FATHER'S NAME

John Auffarth.

8. DATE OF BIRTH

Feb. 14, 1904

9. AGE (in years last birthday)

49.

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Marie M. Auffarth.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Anthony Popoli 529 S. Decker Ave.

18. 443X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

11  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from October 12, 1953 to October 12, 1953 that I last saw the deceased alive on Oct. 12, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Forman

23B. ADDRESS

M. O.

1100 N. Caroline Street

23C. DATE SIGNED

Oct. 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial. Oct. 12, 1953. Most Holy REDEEMER. BELAIR Road. Roshell J. Popoli 3155 Highland Ave.

ARMY MEDICAL DEPARTMENT  
CERTIFICATE OF DEATH

100-1000 2152

1. NAME (Last, first, middle initial)		2. GRADE OR RATE		3. BRANCH	
4. SERVICE NUMBER		5. DATE OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. DISEASE OR INJURY		9. PLACE OF BIRTH	
10. DATE OF BIRTH		11. PLACE OF BIRTH		12. DATE OF ENTRY INTO SERVICE	
13. DATE OF DISCHARGE		14. PLACE OF DISCHARGE		15. DATE OF REENTRY INTO SERVICE	
16. DATE OF DEATH		17. PLACE OF DEATH		18. DATE OF REENTRY INTO SERVICE	
19. DATE OF DEATH		20. PLACE OF DEATH		21. DATE OF REENTRY INTO SERVICE	
22. DATE OF DEATH		23. PLACE OF DEATH		24. DATE OF REENTRY INTO SERVICE	
25. DATE OF DEATH		26. PLACE OF DEATH		27. DATE OF REENTRY INTO SERVICE	
28. DATE OF DEATH		29. PLACE OF DEATH		30. DATE OF REENTRY INTO SERVICE	
31. DATE OF DEATH		32. PLACE OF DEATH		33. DATE OF REENTRY INTO SERVICE	
34. DATE OF DEATH		35. PLACE OF DEATH		36. DATE OF REENTRY INTO SERVICE	
37. DATE OF DEATH		38. PLACE OF DEATH		39. DATE OF REENTRY INTO SERVICE	
40. DATE OF DEATH		41. PLACE OF DEATH		42. DATE OF REENTRY INTO SERVICE	
43. DATE OF DEATH		44. PLACE OF DEATH		45. DATE OF REENTRY INTO SERVICE	
46. DATE OF DEATH		47. PLACE OF DEATH		48. DATE OF REENTRY INTO SERVICE	
49. DATE OF DEATH		50. PLACE OF DEATH		51. DATE OF REENTRY INTO SERVICE	
52. DATE OF DEATH		53. PLACE OF DEATH		54. DATE OF REENTRY INTO SERVICE	
55. DATE OF DEATH		56. PLACE OF DEATH		57. DATE OF REENTRY INTO SERVICE	
58. DATE OF DEATH		59. PLACE OF DEATH		60. DATE OF REENTRY INTO SERVICE	
61. DATE OF DEATH		62. PLACE OF DEATH		63. DATE OF REENTRY INTO SERVICE	
64. DATE OF DEATH		65. PLACE OF DEATH		66. DATE OF REENTRY INTO SERVICE	
67. DATE OF DEATH		68. PLACE OF DEATH		69. DATE OF REENTRY INTO SERVICE	
70. DATE OF DEATH		71. PLACE OF DEATH		72. DATE OF REENTRY INTO SERVICE	
73. DATE OF DEATH		74. PLACE OF DEATH		75. DATE OF REENTRY INTO SERVICE	
76. DATE OF DEATH		77. PLACE OF DEATH		78. DATE OF REENTRY INTO SERVICE	
79. DATE OF DEATH		80. PLACE OF DEATH		81. DATE OF REENTRY INTO SERVICE	
82. DATE OF DEATH		83. PLACE OF DEATH		84. DATE OF REENTRY INTO SERVICE	
85. DATE OF DEATH		86. PLACE OF DEATH		87. DATE OF REENTRY INTO SERVICE	
88. DATE OF DEATH		89. PLACE OF DEATH		90. DATE OF REENTRY INTO SERVICE	
91. DATE OF DEATH		92. PLACE OF DEATH		93. DATE OF REENTRY INTO SERVICE	
94. DATE OF DEATH		95. PLACE OF DEATH		96. DATE OF REENTRY INTO SERVICE	
97. DATE OF DEATH		98. PLACE OF DEATH		99. DATE OF REENTRY INTO SERVICE	
100. DATE OF DEATH		101. PLACE OF DEATH		102. DATE OF REENTRY INTO SERVICE	



W-452

53 9124

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9124  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>James H. Williams</i>			2. DATE OF DEATH <i>10-13-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Virginia</i> B. COUNTY <i>Accomack</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>2503 Edmondson Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Sanger Island</i>		
D. STREET ADDRESS (If rural, give location)			V-43		
5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>June 25/1900</i>		
9. AGE (In years last birthday) <i>53</i>			10. Under 1 Year Months: Days		
11. Under 24 Hours Hours: Min.			12. BIRTHPLACE (State or foreign country) <i>Virginia</i>		
13. FATHER'S NAME <i>Peter H. Williams</i>			14. MOTHER'S MAIDEN NAME <i>Rose Chambers</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Myocarditis</i>		DUE TO		<i>10 yrs</i>	
(B) <i>Hypertensive Congestion</i>		DUE TO		<i>2 days</i>	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 30</i> , 1951, to <i>Oct 13</i> , 1953, that I last saw the deceased alive on <i>Oct 13</i> , 1953, and that death occurred at <i>12 noon</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>St. J. Darby</i>		23B. ADDRESS <i>817 Melrose Rd. Bkly</i>		23C. DATE SIGNED <i>Oct 13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-17-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md</i>		24E. (State)		25. FUNERAL DIRECTOR	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 15 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		ADDRESS <i>2503 Edmondson Ave</i>	

VS 150  
2906A

1918-1919

1918-1919

CERTIFICATE OF DEATH

1918-1919



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9125  
Registered No. 53 9125BIRTH NO. *Non Res.*

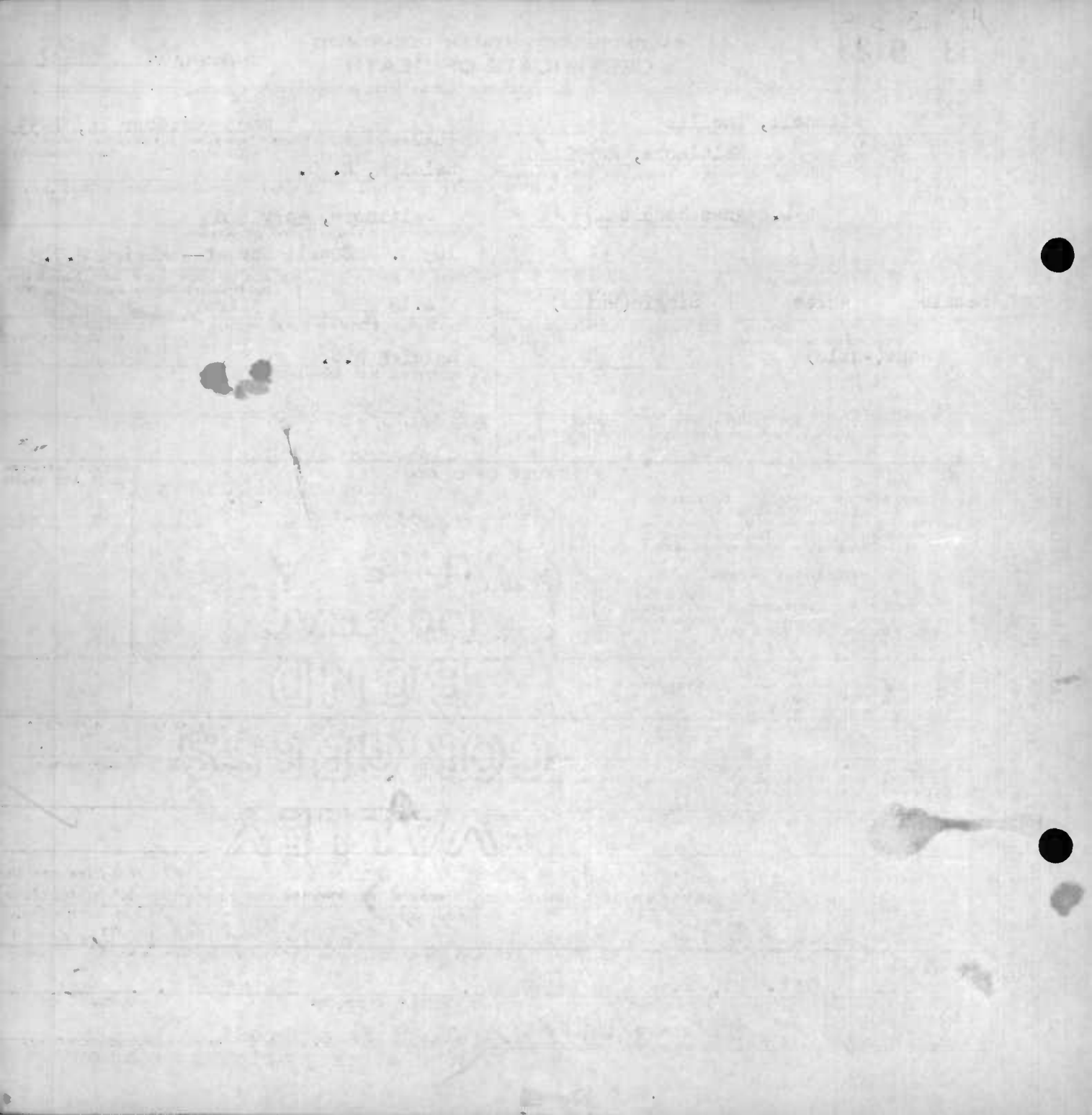
1. NAME OF DECEASED (Type or Print) <b>Mitchell, Lucille</b>			2. DATE OF DEATH <b>October 14, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE <b>Raleigh, N. C.</b> B. COUNTY <b>V-30</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland</b>		
D. STREET ADDRESS (If rural, give location) <b>103 N. McBowell Street—Raleigh N.C.</b>			5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <b>Single (Child)</b>	8. DATE OF BIRTH <b>4.13.53</b>	9. AGE (In years last birthday) <b>5 Yrs</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None (Child)</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Raleigh N.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13. FATHER'S NAME <b>Clarence Mitchell</b>			14. MOTHER'S MAIDEN NAME <b>Betty Barefoot</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Clarence Mitchell</b>		

18. <b>134.3</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <b>103 McDowell Street Raleigh N.C.</b> <b>Broncho pneumonia</b> DUE TO <b>Dehydration &amp; anemia</b> DUE TO <b>Cutaneous moniliasis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>4 yrs</b>
---	---

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <b>Aug 1</b> , 19 <b>53</b> , to <b>Oct 14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Oct 14</b> , 19 <b>53</b> , and that death occurred at <b>12:20 P.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>James E Rowe</b> M. D.		23B. ADDRESS <b>St Agnes Hospital</b>	23C. DATE SIGNED <b>10/14/53</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 14, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Raleigh Nc.</b>	24D. LOCATION (City, town, or county) (State) <b>Raleigh N.C.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 15 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Ellsworth Armacost</b>	ADDRESS <b>4600 Liberty Heights Avenue ee</b>



C-460  
53 9126BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9126

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BESSIE C.L. CLORE

2. DATE  
OF  
DEATH

10/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

JESSUPS

D. STREET ADDRESS (If rural, give location)

ONE SPOT

c. Length of stay in Baltimore

14 <sup>Yrs.</sup> <sup>Mos.</sup> <sup>Days</sup>

5. SEX

FEMALE COLORED

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7-14-21

9. AGE (In years  
last birthday)

32

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

FACTORY WORK

10B. KIND OF BUSINESS OR  
INDUSTRY

EXTERMINATING

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

HENRY CALBERT

14. MOTHER'S MAIDEN NAME

BESSIE YOUNG

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Champ Clore Culpeper, Va

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

SEPTICEMIA

DUE TO

14 days

ANTECEDENT CAUSES

(B)

BURNS

DUE TO

14 days

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

CERTIFICATION APPROVED BY

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

P. F. Fisher M. D.

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

10-10-53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

DRESS BURNS

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

ONE SPOT MD.

5200

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

9-30-53 11:00 A.M.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

POURED GASOLINE IN STOVE

22. I hereby certify that I attended the deceased from 9/30, 1953, to 10/13, 1953, that I last saw the  
deceased alive on 10/13, 1953, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Singleton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/14/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

10-14-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Culpeper, Va

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 15 1953

REGISTRAR'S SIGNATURE

Huntington, W. L. Williams

25. FUNERAL DIRECTOR

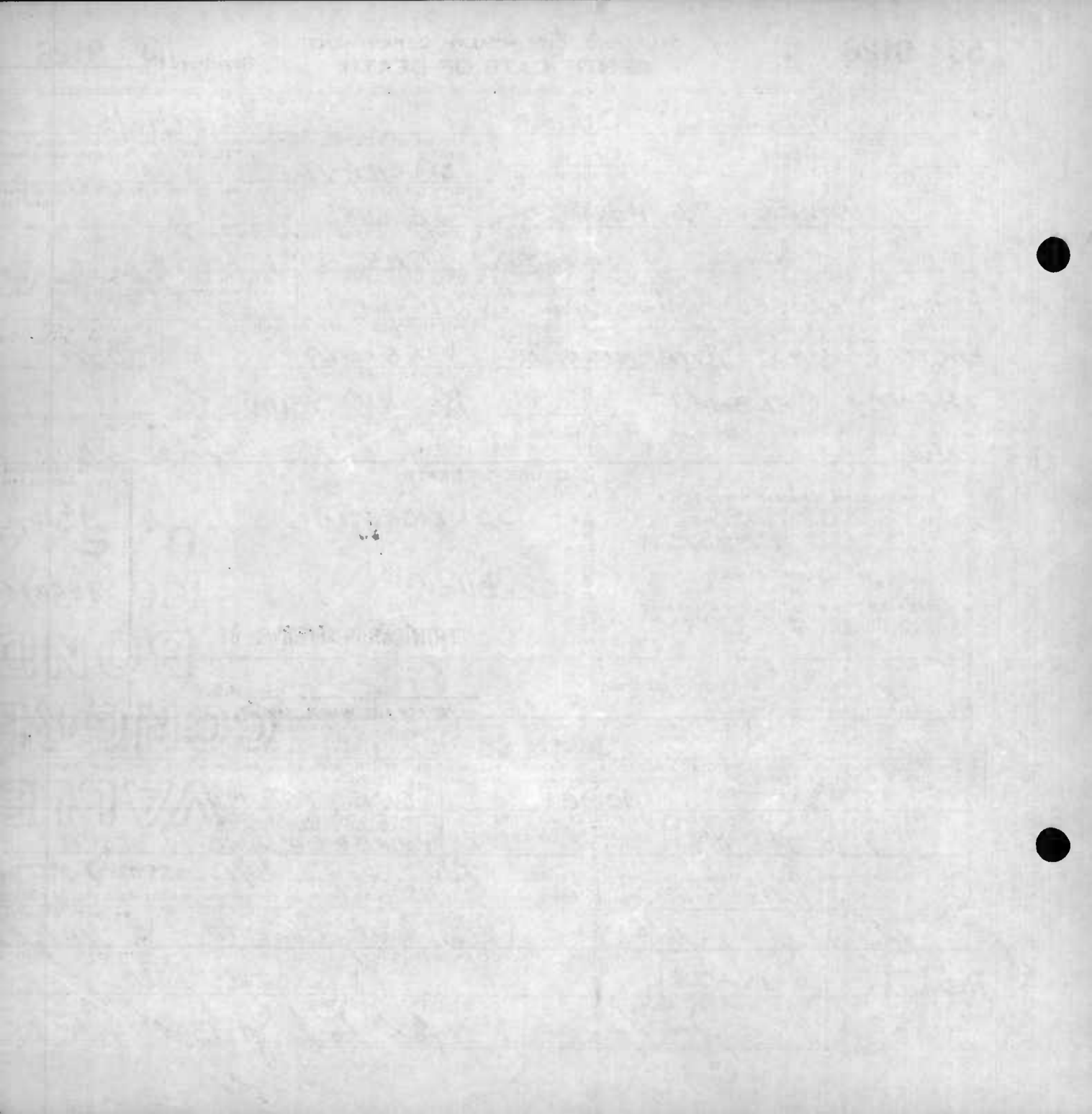
J. S. Lock Jr. 1304 N. Central Ave

ADDRESS

VS 150

N 949.2

69082





B-616

53 9127

BALTIMORE CITY HEALTH DEPARTMENT

53 9127

Registered No.

BIRTH NO.

53-22484

## CERTIFICATE OF DEATH

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL BARBER

2. DATE  
OF  
DEATH

9/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-02

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

Harrison 420 S. Paca St.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/16/53

9. AGE (In years  
last birthday)H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.

9

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Barber

14. MOTHER'S MAIDEN NAME

Arlene Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Arlene Barber

18.

776X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Prematurity - 4 months gestation

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1953, to 9/17, 1953, that I last saw the  
deceased alive on 9/17, 1953, and that death occurred at 3 Am., from the causes and on the date stated above.

23A. SIGNATURE

Georgia Reynolds

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

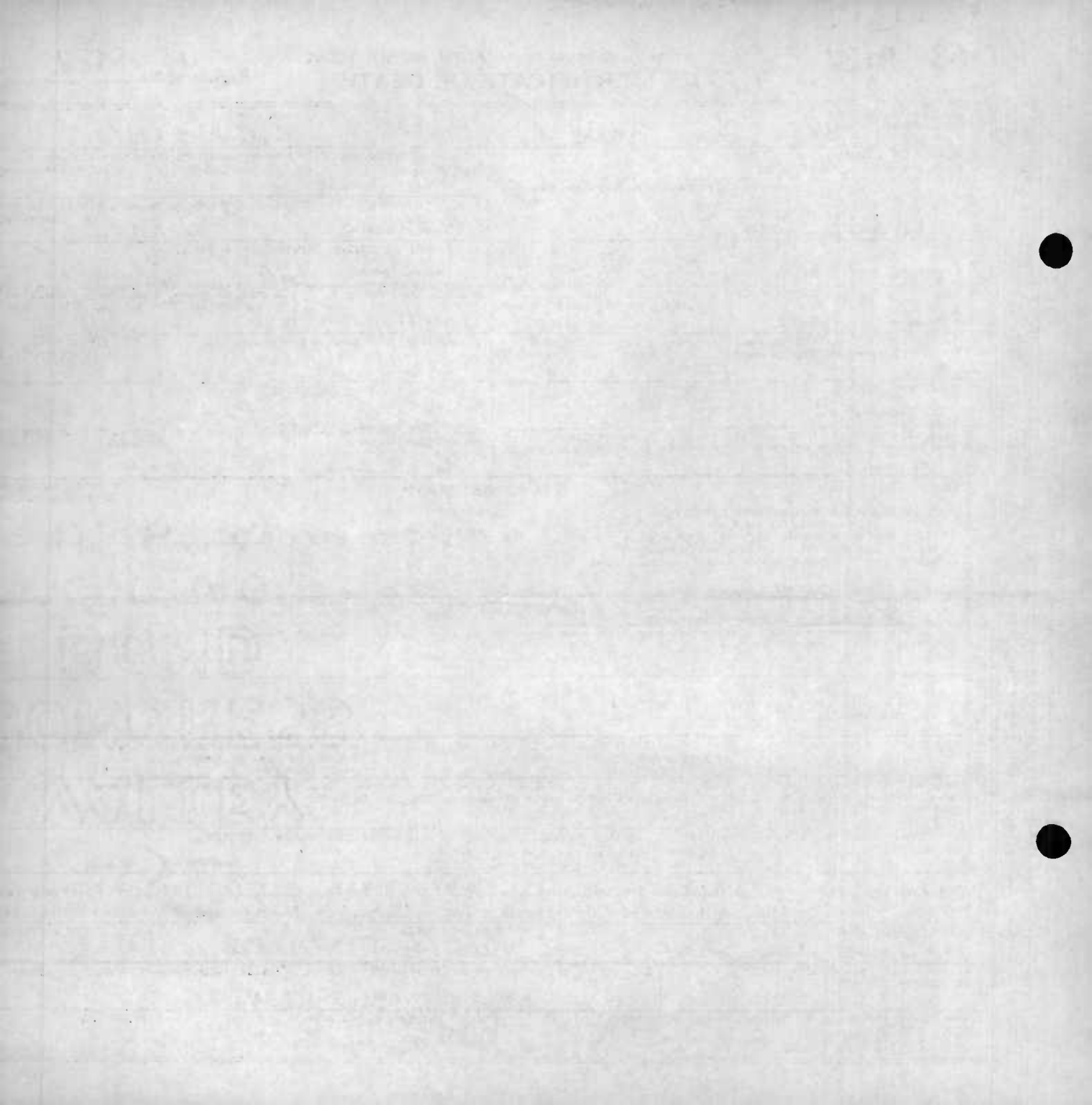
UNIVERSITY MEDICAL SCHOOL SEP. 24, 1953

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1953

Huntington 5/13/1953 Dr. J. Huntington Williams, M.D.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9128

53 9128  
BIRTH NO. 33-221081. NAME OF DECEASED  
(Type or Print)

Baby Boy Scott

2. DATE  
OF  
DEATH

9-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)  
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 17-01

c. Length of stay in Baltimore

4 Mos.  
Days

D. STREET ADDRESS (If rural, give location)

908 Argyle Ave

5. SEX

M

6. COLOR OR RACE

B

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

9-9-53

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

4

If Under 24 Hours  
Hours Min.

4

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

ANNIE MURRIEL SCOTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT MOTHER -

ADDRESS

ANNIE MURRIEL SCOTT, 2516 MADISON AVE, BALD

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Sclerema

2 days

DUE TO

ANTECEDENT CAUSES

(B)

Atelectasis

4 days

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

Post-maturity

20 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9 1953 to 9-13, 1953, that I last saw the  
deceased alive on 9-13, 1953, and that death occurred at 12 pm., from the causes and on the date stated above.

23A. SIGNATURE

Georgia Reynolds

23B. ADDRESS

M. D.

University Hospital

23C. DATE SIGNED

9/21/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL

SEP

1953

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

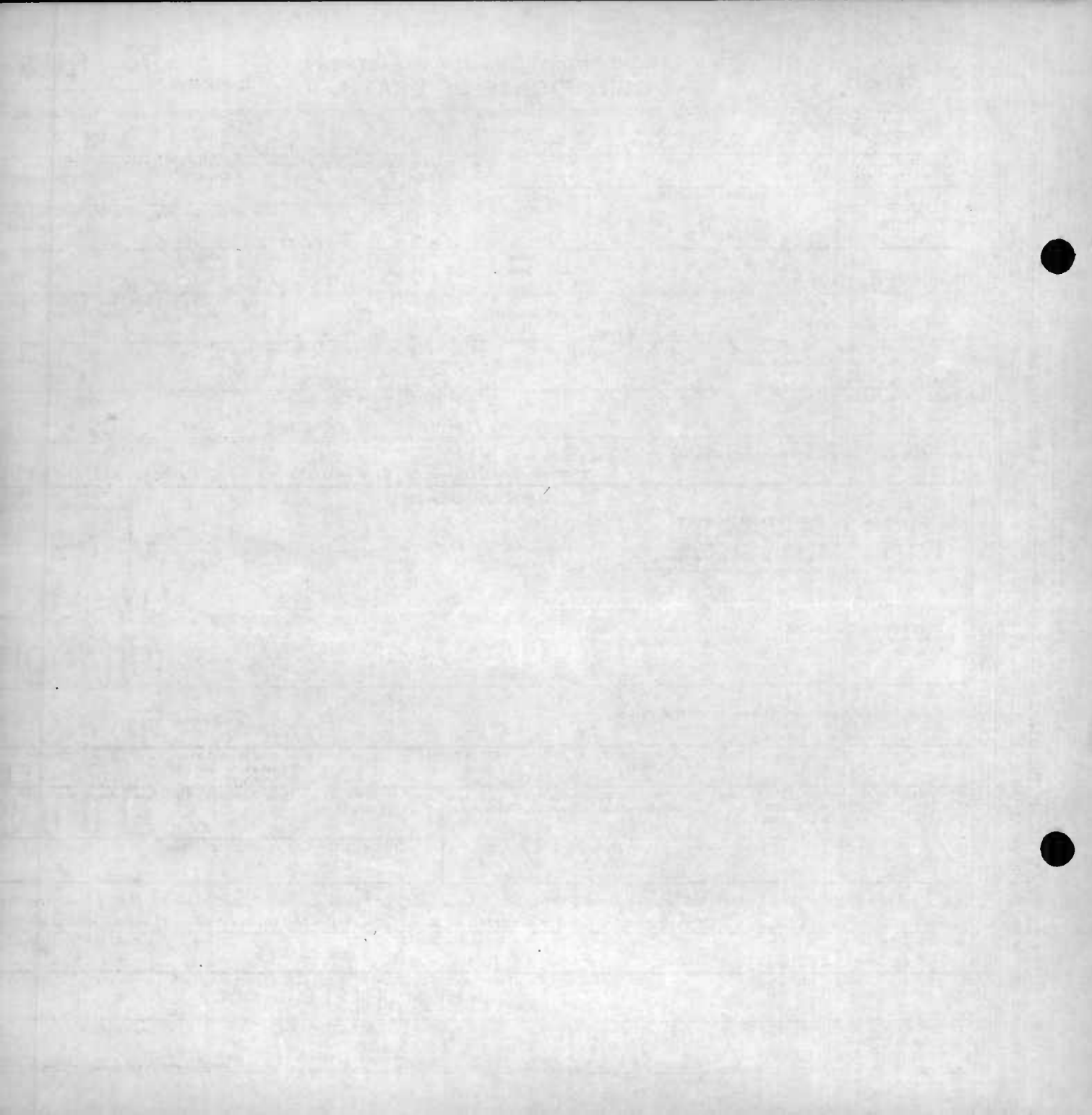
ADDRESS

OCT 15 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

Huntington Williams, M.D.



M-516

53 9129

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9129

BIRTH NO. 53-22103

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Mumford

2. DATE  
OF  
DEATH

9-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

16-03

D. STREET ADDRESS (If rural, give location)

1616 W. LANVALE ST.

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-12-53

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

4 22

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Mumford

14. MOTHER'S MAIDEN NAME

Eling Scott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Eling Mumford

18. 776x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Prematurity

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from 9-12, 1953, to 9-12, 1953, that I last saw the  
deceased alive on 9-12, 1953, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Hunter

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Sept. 14, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

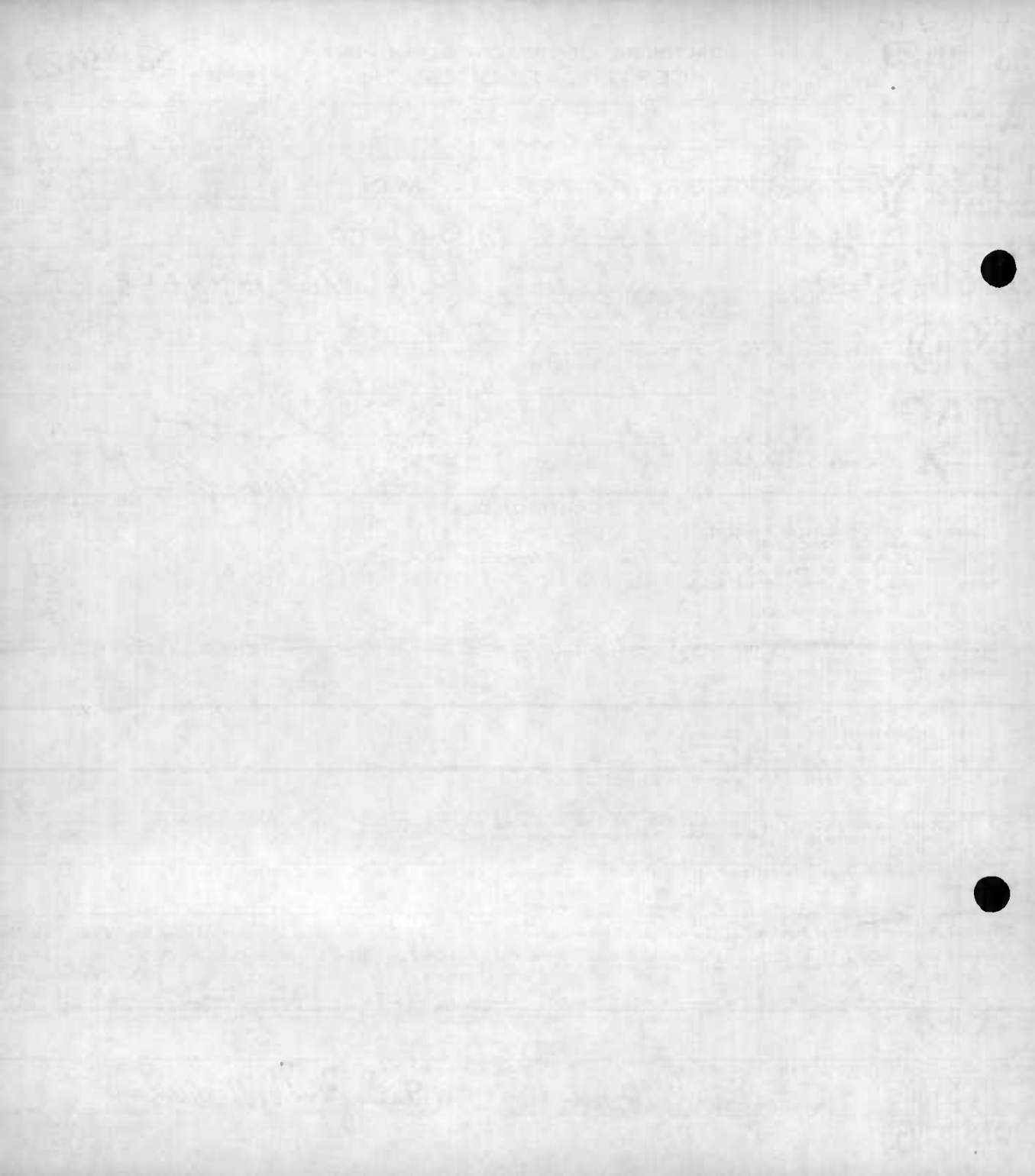
25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

OCT 15 1953

UNIVERSITY MEDICAL SCHOOL SEP 1953









V-320

53 9131

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9131

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Neutze, Anna Sophia

2. DATE  
OF  
DEATH

October 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

5. Length of stay in Baltimore

17-

Yrs.  
Mos.  
Days

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR  
INDUSTRY

Own home

9. FATHER'S NAME

Henry L Neutze

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.11. USUAL RESIDENCE (Where deceased lived. If institution: residence  
STATE before admission)

Maryland

12. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13. STREET ADDRESS (If rural, give location)

711 Elmwood Avenue #6

8. DATE OF BIRTH

April 11, 1885

9. AGE (In years  
last birthday)

68

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Marie Wagenfuehr

17. INFORMANT

ADDRESS

Mrs Chas Balster 711 Elmwood Rd

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchopneumonia, right lower lobe

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from October 6, 1953, to October 14, 1953 that I last saw the  
deceased alive on Oct. 14, 1953. and that death occurred at 7:00am., from the causes and on the date stated above.

23A. SIGNATURE

R Cassinelli

23B. ADDRESS

M. D.

1400 N. Caroline Street

23C. DATE SIGNED

Oct. 14, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-17-1953

Parkwood Cemetery

Balto Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1953

Funeral Home 7401 Belair Rd

THE UNITED STATES DEPARTMENT OF HEALTH  
CENTRO-CITY OF DEATH

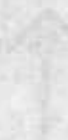
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1911

53 9132

BIRTH NO. 33-22086

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 9132

NAME OF DECEASED  
(Type or Print)

Boy Candill

2. DATE  
OF  
DEATH

9-10-53

1. PLACE OF DEATH:

a. Baltimore City, Maryland

1. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

University Hosp.

Length of stay in Baltimore

2

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

child

10b. KIND OF BUSINESS OR INDUSTRY

3. FATHER'S NAME

~~Hein~~ BENNIE

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

MD

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

20

5255

D. STREET ADDRESS (If rural, give location)

48 De Finley 480 Fenway

8. DATE OF BIRTH

9-8

9. AGE (In years last birthday)

0 2 8

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

KEVA. Van Hays.

17. INFORMANT

MOTHER

ADDRESS

18. 776x  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Premature

INTERVAL BETWEEN ONSET AND DEATH

2 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1953, to 9-10, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE

W. Heimer

M. D.

23b. ADDRESS

University Hospital

23c. DATE SIGNED

9-10-53

4a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1953

VS 150

UNIVERSITY MEDICAL SCHOOL SEP 1953

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650

53 9133

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9133

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

4. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

EDWARD H. DARNEY

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 SEPT, 1953, to 13 SEPT, 1953, that I last saw the deceased alive on 13 SEPT, 1953, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

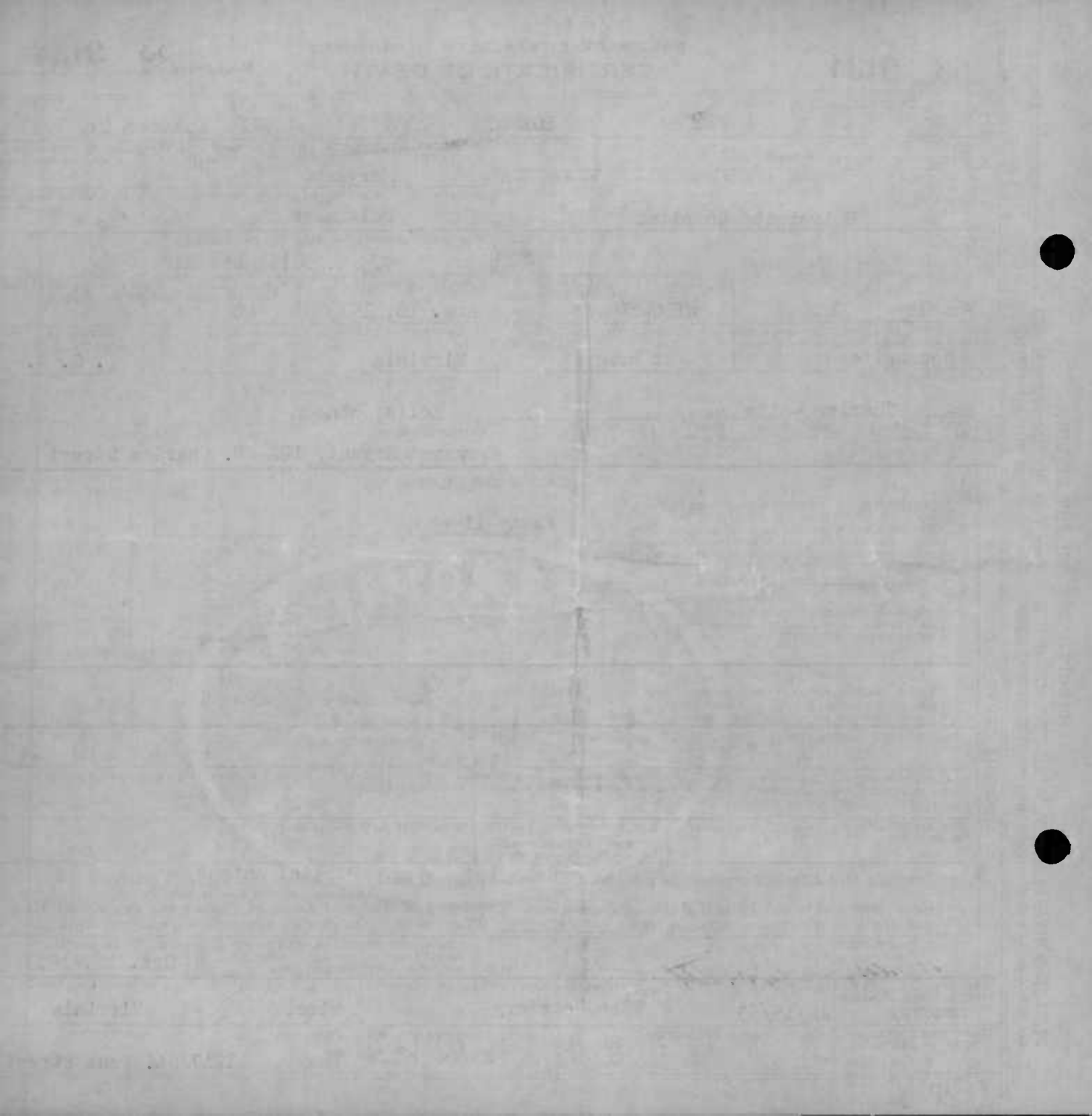


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9134**BIRTH NO. **53 9134**

1. NAME OF DECEASED (Type or Print) <b>ESTELLE ROBERTS</b>			2. DATE OF DEATH <b>October 13, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 3-02</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>925 E. Baltimore Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Aug. 16, 1913</b>		9. AGE (In years last birthday) <b>40</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Charles White</b>			14. MOTHER'S MAIDEN NAME <b>Lelia Johnson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Margaret Bryant, 1224 N. Charles Street</b>		

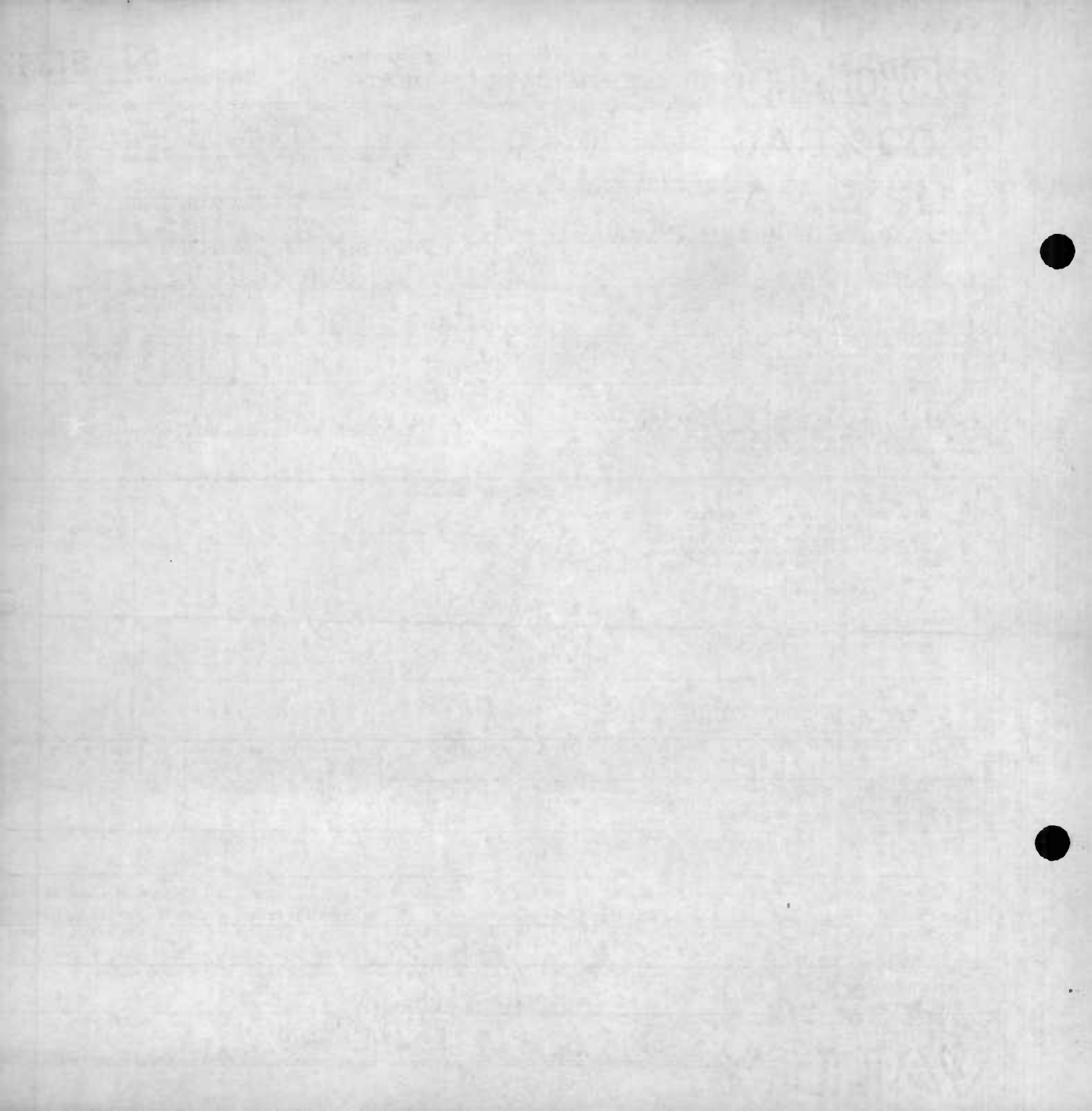
18. <b>581.0</b>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Fatty liver</b>		(A) DUE TO	
ANTECEDENT CAUSES		(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Wesley B. Cook</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 14, 1953</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24B. DATE <b>10/15/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Wise Cemetery</b>
24D. LOCATION (City, town, or county) (State) <b>Wise, Virginia</b>		25. FUNERAL DIRECTOR ADDRESS <b>Huntington W. Balls, Jr. 1217 St. Paul Street</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1953</b>		REGISTRAR'S SIGNATURE <i>Huntington W. Balls, Jr.</i>		



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9135  
Registered No. 53 9135

BIRTH NO. 53-24404		53 9135	
1. NAME OF DECEASED (Type or Print) <b>BABY GIRL MOWERY</b>		2. DATE OF DEATH <b>October 3 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hospital for Women of Maryland</b>		C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1739 Eutan Place</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>✓</b>	8. DATE OF BIRTH <b>October 3 1953</b>
9. AGE (In years last birthday)	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.	12. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Barry Edward Mowery</b>		14. MOTHER'S MAIDEN NAME <b>Phyllis Patricia McGrath</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT		ADDRESS	
18. <b>776x</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 3 1953</b> to <b>Oct 3 1953</b> that I last saw the deceased alive on <b>Oct 3 1953</b> and that death occurred at <b>8 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>William P. Pyle</b>		23B. ADDRESS <b>Post Box for Women &amp; Inf</b>	
23C. DATE SIGNED <b>10/6/53</b>		23D. M.D.	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1953</b>		REGISTRAR'S SIGNATURE <b>John Hopkins Medical School OCT 1953</b>	
25. FUNERAL DIRECTOR		ADDRESS <b>Huntington Williams, Md.</b>	





5-612

53 9136

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9136

NAME OF DECEASED  
(Type or Print)

James Graves

2. DATE  
OF  
DEATH

October 13/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Lincoln Memorial Hosp. 27 N. Carey

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

12 N. Bond Street

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 20, 1898

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cooking &amp; serving, Lunch room (Self)

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Prince George Co. Va.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Herbert Graves

14. MOTHER'S MAIDEN NAME

Millie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Herbert Graves Jr. 1127 Somerset St.

18. 420.1  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1953 to 10-13, 1953 that I last saw the  
deceased alive on 10-13, 1953 and that death occurred at 4:04 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1953

Huntington Williams

R. J. Callick 1412 E. Preston St.

UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315

DATE OF DEATH: 10/10/68  
PLACE OF DEATH: 10/10/68

NAME: 10/10/68  
10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

10/10/68

-525

53 9137

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9137  
Registered No.

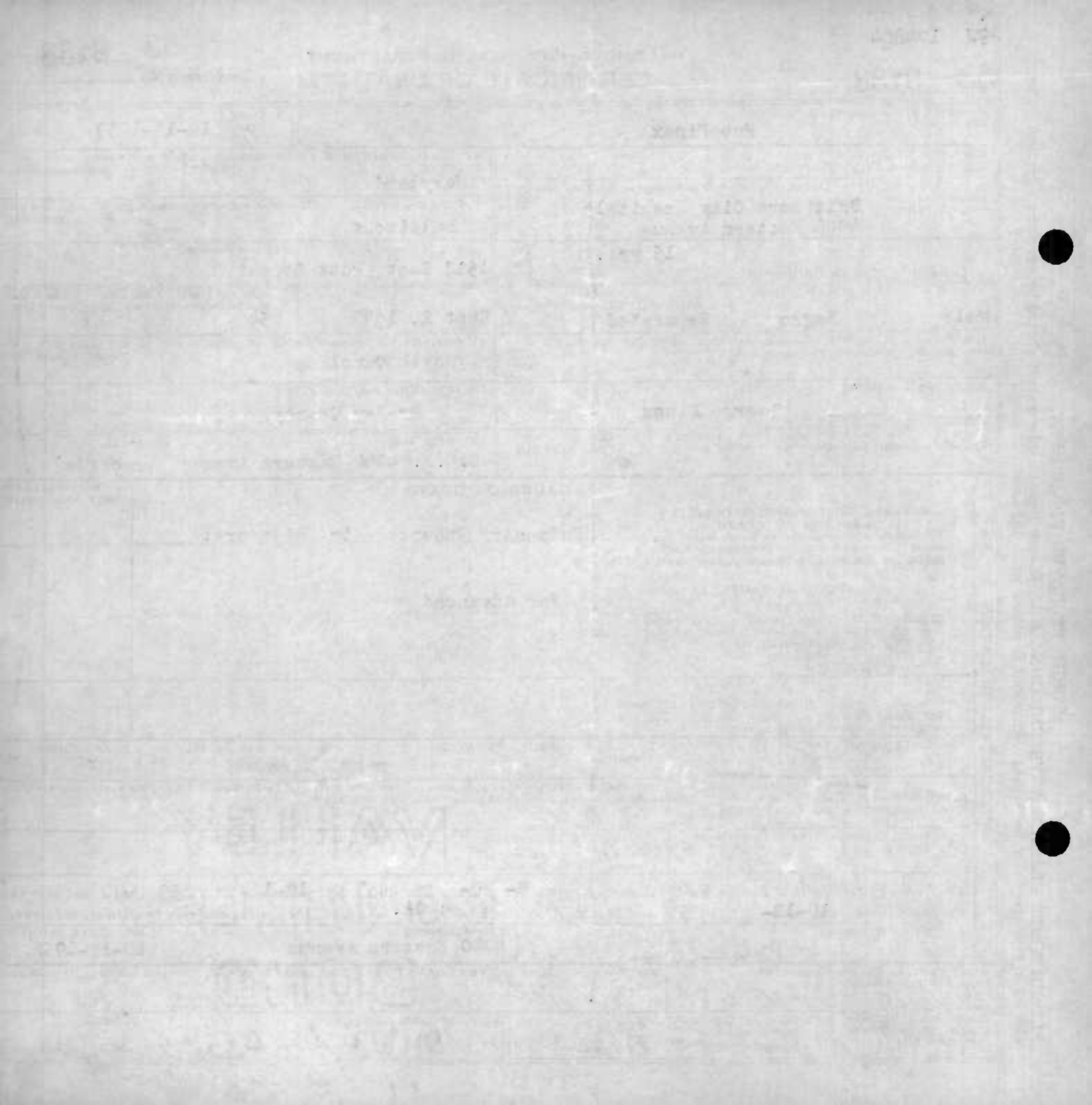
1. NAME OF DECEASED (Type or Print) <b>Irving Johnson</b>		2. DATE OF DEATH <b>OCT. 13, 1953</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Md.</b> b. COUNTY <b>Ba/fo.</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>1636 N. Bond St.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>8-06</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>1636 N. Bond St.</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Col</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>March 4, 1891</b>
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <b>Laborer</b>	12. KIND OF BUSINESS OR INDUSTRY <b>Refinery</b>	13. AGE (In years last birthday) <b>62</b>	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. FATHER'S NAME <b>Rafus Johnson</b>		16. MOTHER'S MAIDEN NAME <b>Clara McCoy</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		18. SOCIAL SECURITY NO.	
19. ADDRESS		20. ADDRESS	
21. CAUSE OF DEATH 18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO ANTECEDENT CAUSES <b>Cardio-Vascular disease</b> DUE TO (C) <b>1 year</b>			
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		29. HOW DID INJURY OCCUR?	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. I hereby certify that I attended the deceased from <b>March 11, 1953</b> to <b>Oct 13, 1953</b> that I last saw the deceased alive on <b>Oct 10, 1953</b> and that death occurred at <b>1 A.M.</b> , from the causes and on the date stated above.			
33. SIGNATURE <b>W. Orton H. Watts</b>		34. ADDRESS <b>5154 Belmont Ave.</b>	
35. DATE SIGNED <b>10/15/53</b>			
36. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		37. DATE <b>Oct. 15, 1953</b>	
38. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>		39. LOCATION (City, town, or county) (State) <b>Baltimore, Md</b>	
40. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1953</b>		41. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
42. FUNERAL DIRECTOR'S ADDRESS <b>Mrs. Fannie R. Williams Scherden St.</b>			

97047

RECEIVED BY THE SECRETARY OF THE  
TREASURY DEPARTMENT  
JAN 10 1900

J 174804  
53 9138BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9138  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Eab Pinex</b>			2. DATE OF DEATH <b>10-12-1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
7. Length of stay in Baltimore <b>15 yrs.</b>			8. STREET ADDRESS (If rural, give location) <b>1512 East Pratt Street</b>		
9. SEX <b>Male</b>	10. COLOR OR RACE <b>Negro</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	12. DATE OF BIRTH <b>Sept 2, 1899</b>	13. AGE (In years last birthday) <b>54</b>	14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		15B. KIND OF BUSINESS OR INDUSTRY	16. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		17. CITIZEN OF WHAT COUNTRY?
18. FATHER'S NAME <b>George Pinex</b>			19. MOTHER'S MAIDEN NAME <b>Ersley Chaney</b>		
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		21. SOCIAL SECURITY NO.	22. INFORMANT ADDRESS <b>B.C.H. 4940 Eastern Avenue (records)</b>		
23. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Tuberculosis Bilateral</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Far Advanced</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
24. DATE OF OPERATION		25. CONDITION FOR WHICH OPERATION WAS PERFORMED		26. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		29. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from <b>9-20-</b> , 1953, to <b>10-12-</b> , 1953, that I last saw the deceased alive on <b>10-12-</b> , 1953, and that death occurred at <b>8:40A.</b> m., from the causes and on the date stated above.					
34. SIGNATURE		35. ADDRESS		36. DATE SIGNED	
<b>Huntington Hall</b>		<b>4940 Eastern Avenue</b>		<b>10-12-1953</b>	
37. BURIAL, CREMATION, REMOVAL (Specify)		38. DATE		39. NAME OF CEMETERY OR CREMATORY	
<b>Burial</b>		<b>Oct 16/53</b>		<b>mt Calvary Chm</b>	
40. DATE RECEIVED BY LOCAL REGISTRAR		41. REGISTRAR'S SIGNATURE		42. FUNERAL DIRECTOR ADDRESS	
<b>OCT 15 1953</b>		<b>Huntington Hall</b>		<b>1129 N. Carolina St</b>	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9139****53 9139**  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)**Mrs. Ella Mae Riley**2. DATE  
OF  
DEATH **Oct. 14, 1953**

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

**Maryland**

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION**St. Joseph's Hospital**c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore**

d. STREET ADDRESS (If rural, give location)

**3533 Pelham Avenue**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**female**

6. COLOR OR RACE

**white**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH

**Nov. 13, 1892**9. AGE (In years  
last birthday)**60**If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**at home**10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Harford Co. Maryland**12. CITIZEN OF  
WHAT COUNTRY**U.S.A.**

13. FATHER'S NAME

**Fred Cornell**

14. MOTHER'S MAIDEN NAME

**Mollie Sharon**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Mr. Edw. N. Riley, 3533 Pelham Ave.**18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1948**, 19, to **Oct 14**, **1953**, that I last saw the  
deceased alive on **9-14-53** 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24b. DATE

**Oct. 17, 1953**

24c. NAME OF CEMETERY OR CREMATORY

**Parkwood Cemetery**

24d. LOCATION (City, town, or county)

**Baltimore, Maryland**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**Leonard J. Ruck, 5305 Harford Road.**

1913

Mr. John W. ...

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M-600

53 9140

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9140

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Moore</b>		2. DATE OF DEATH <b>October 13, 1953</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Baltimore 13</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St. Joseph's Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13</b>	
6. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <b>1423 E. Federal Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Oct. 13, 1953</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday) <b>9-09</b>	
13. FATHER'S NAME <b>Raymond Ames</b>		14. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Laura Frances Moore</b>	
19. INFORMANT		20. ADDRESS	

18. <b>761.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Premature separation of placenta</b> DUE TO (A) <b>Premature separation of placenta</b> (B) <b>Antecedent causes</b> (C) <b>Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last.</b>		INTERVAL BETWEEN ONSET AND DEATH
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>October 13, 1953</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>October 13, 1953</b> to <b>October 13, 1953</b> , that I last saw the deceased alive on <b>October 13, 1953</b> , and that death occurred at <b>1:50 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Dulquander Dr. Lazaro</b>		23B. ADDRESS <b>1400 N. Caroline Street</b>		23C. DATE SIGNED <b>Oct. 13, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/15/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md.</b>		24F. FUNERAL DIRECTOR <b>Gluck</b>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1953</b>		24H. REGISTRAR'S SIGNATURE <b>Huntington</b>		24I. ADDRESS <b>305 Hayford</b>	

BRITISH AIR FORCE DEPARTMENT  
CERTIFICATE OF DEATH

1. NAME OF THE DECEASED [Faint text]		2. SERVICE NUMBER [Faint text]	
3. GRADE OR RANK [Faint text]		4. BRANCH OF SERVICE [Faint text]	
5. PLACE OF BIRTH [Faint text]		6. DATE OF BIRTH [Faint text]	
7. PLACE OF DEATH [Faint text]		8. DATE OF DEATH [Faint text]	
9. CAUSE OF DEATH [Faint text]		10. PLACE OF BURIAL [Faint text]	
11. NAME OF THE PERSON WHO REPORTED THE DEATH [Faint text]		12. SIGNATURE OF THE PERSON WHO REPORTED THE DEATH [Faint text]	
13. NAME OF THE PERSON WHO ISSUED THE CERTIFICATE [Faint text]		14. SIGNATURE OF THE PERSON WHO ISSUED THE CERTIFICATE [Faint text]	
15. NAME OF THE PERSON WHO RECEIVED THE CERTIFICATE [Faint text]		16. SIGNATURE OF THE PERSON WHO RECEIVED THE CERTIFICATE [Faint text]	

M-450

53 9141

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9141

BIRTH NO.

53-24148

1. NAME OF DECEASED  
(Type or Print)

BABY BOY MOYLAN

2. DATE  
OF DEATH

October 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence  
A. STATE B. COUNTY before admission)

Maryland Howard

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Hospital for Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

6 Overlook Drive

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

✓

8. DATE OF BIRTH

October 1, 1953

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min

10 58

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland U. S. A.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Thomas R. Moylan

14. MOTHER'S MAIDEN NAME

Mary Ann McHugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congenital atelectasis.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Prematurity (28 wks)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953 to 10/2, 1953, that I last saw the  
deceased alive on 10/2, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Green, Jr.

M. D.

23B. ADDRESS

Hospital for Women of Md.

23C. DATE SIGNED

10/2/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JOHN HOPKINS MEDICAL SCHOOL OCT

1953

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1953

Huntington Williams, Jr.

Huntington Williams, Jr.





53-200

## BALTIMORE CITY HEALTH DEPARTMENT

53 9142

53 9142 53-22997 CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED  
(Type or Print)

JOYCE REISZ

2. DATE  
OF  
DEATH

10/14/53

3. PLACE OF DEATH:

Baltimore City, Maryland *Calvert & 33rd Sts.*

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE NEW BORN (Baltimore City, Md.)

C. CITY OR TOWN (If outside corporate limits, write (U.R.A.) and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3301 St. PAUL St

5. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/21/53

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days

0 23

If Under 24 hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

RICHARD REISZ

14. MOTHER'S MAIDEN NAME

Constance Gederberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs Constance G. Reisz (Baltimore, Md.)

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) atele ctum

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1953, to 10/14, 1953, that I last saw the  
deceased alive on 10/14, 1953, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Henry Z. Knock, Jr. M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

10/14/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct-15-1953

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county)

Towson, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. H. H. H.

25. FUNERAL DIRECTOR

H. H. H. H.

ADDRESS

108 W. North Ave.



P-622

9143

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9143

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN JOSEPH PROCHASKA

2. DATE  
OF  
DEATH Oct. 14, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland 716 N. Port St.

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore5. Length of stay in Baltimore 60 yrs.  
Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

716 N. Port St.

6. SEX  
male  
7. COLOR OR RACE  
white  
8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Feb. 15, 1878

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

Lebow Bros.

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(yes, no or unknown) (If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.  
215-09-2320

17. INFORMANT

ADDRESS

Albert Prochaska, son, 2575 Kirk Ave.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1953, to 10/14, 1953, that I last saw the  
deceased alive on 10/14, 1953, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1953

Huntington Williams

Schimmels Funeral Home, Inc.

2601-3-5 E. Madison St.

CERTIFICATE OF DEATH

DEATH NO. 11

DATE

NAME

AGE

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

TIME OF DEATH

TEMPERATURE

PULSE

BLOOD PRESSURE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9144BIRTH NO. 53 91441. NAME OF DECEASED  
(Type or Print)PETTY, BEULAH BEAULAH MAY2. DATE  
OF  
DEATH10-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

MarylandAnne ArundelB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONSouth Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore5250

D. STREET ADDRESS (If rural, give location)

518 Crosswell Rd.

c. Length of stay in Baltimore

LIFE

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

7/14/209. AGE (In years,  
last birthday)33If Under 1 Year  
Months Days Hours Min.3312. CITIZEN OF  
WHAT COUNTRY?Baltimore

14. MOTHER'S MAIDEN NAME

—10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Joseph Brown15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, oo or uokooov)NO16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

James J. Acker18. 591x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Acute pulmonary edema  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Subacute glomerulonephritis  
DUE TO(C) HypertensionII  
OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., io or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1953, to Oct. 12, 1953, that I last saw the  
deceased alive on Oct. 12, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 15 1953Huntington Williams, Jr. 1308 S. E. Ave

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53 9145BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9145  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Michael NOON

2. DATE  
OF  
DEATH

OCT-13-1953

PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Md.

FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital.

Yrs.  
Mos.  
Days

Length of stay in Baltimore Life.

SEX

Male

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

SHIP RUNNER.

10b. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

Michael Harry Noon

11. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

YES W.W.I.

16. SOCIAL  
SECURITY NO.

215-05-2493

8. DATE OF BIRTH

JUNE-1-1890

9. AGE (in years  
last birthday)

63

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Elizabeth Cunningham

17. INFORMANT

ADDRESS

18. 422.2

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cardio-vascular Insu-  
Ficiency.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct-10, 1952, to Oct-13, 1953, that I last saw the  
deceased alive on Oct-13, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE

J. Lee Choe

M. D.

23b. ADDRESS

Franklin Square Hosp.

23c. DATE SIGNED

Oct-14-53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

10-17-53

24c. NAME OF CEMETERY OR CREMATORY

Cathedral

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James M. Gully 30 E. Fort Ave.

ADDRESS

OCT 15 1953

VS 150

690 55



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9146**

**R-120**  
**53 9146**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Nina Reeves</b>			2. DATE OF DEATH <b>Oct-12-1953</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Baltimore</b>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln Memorial Hospital</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>40 Yrs.</b>			d. STREET ADDRESS (If rural, give location) <b>613 Cumberland Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept-19-87</b>	9. AGE (In years last birthday) <b>66</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		
13. FATHER'S NAME <b>Albert Davis</b>			14. MOTHER'S MAIDEN NAME <b>Kattie Cathregg</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Issac McKinney</b>			ADDRESS <b>613 Cumberland St</b>		

18. <b>332X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBRAL THROMBOSIS</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO <b>ESSENTIAL HYPERTENSION</b>		
(C) DUE TO		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct 1**, 19**53**, to **Oct 12**, 19**53**, that I last saw the deceased alive on **Oct 17**, 19**53**, and that death occurred at **10 A.** m., from the causes and on the date stated above.

23A. SIGNATURE **Thurston R. Quinn** M. D. 23B. ADDRESS **1707 Madison Av** 23C. DATE SIGNED **10/14/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/15/1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Arburn Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1953</b>	REGISTRAR'S SIGNATURE <b>Thurston R. Quinn</b>	25. FUNERAL DIRECTOR <b>Edw. J. Wilson</b>	ADDRESS <b>1100 Brantley Ave</b>

7208A



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9147**W-340  
53 9147  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mary Jane Wheathy</b>		2. DATE OF DEATH <b>Oct. 13, 1953</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Balt. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>307 N. Carey St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>44</b>
9. AGE (In years, last birthday) <b>44</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>George Jones</b>		14. MOTHER'S MAIDEN NAME <b>Fannie Hallam</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Daisy McCraig</b>		ADDRESS <b>934 Ridgely St.</b>	
18. <b>331X and 171X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Vascular Accident</b> DUE TO <b>Hypertension</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Carcinoma of Cervix</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>2 years</b>
19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>-</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II <b>-</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <b>-</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>-</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? <b>-</b>	
22. I hereby certify that I attended the deceased from <b>Oct 5, 1953</b> to <b>Oct 13, 1953</b> that I last saw the deceased alive on <b>Oct 13, 1953</b> , and that death occurred at <b>9:00 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Douglas H. Smith</b>		23B. ADDRESS <b>University Hospital</b>	23C. DATE SIGNED <b>10/14/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/16/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>mt calvary cem</b>	24D. LOCATION (City, town, or county) (State) <b>Brooklyn md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Glory or Wilson</b> ADDRESS <b>1100 Beatties</b>	

1944

RECEIVED

STATE OF TEXAS

COMMISSIONER OF LANDS

HOUSTON, TEXAS

DECEMBER 1, 1944

TO THE HONORABLE

COMMISSIONER OF LANDS

HOUSTON, TEXAS

FROM THE HONORABLE

COMMISSIONER OF LANDS

HOUSTON, TEXAS

DECEMBER 1, 1944

TO THE HONORABLE

COMMISSIONER OF LANDS

HOUSTON, TEXAS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9148BIRTH NO. 53-209681. NAME OF DECEASED  
(Type or Print)

ERNEST

WYNN

2. DATE  
OF  
DEATH

Oct. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

524 S. Greene Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept.-1-53

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

6 wks.

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Wynn

14. MOTHER'S MAIDEN NAME

Louise Wynn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

James Wynn 524 S. Green St

18. 492X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Jackimczyk

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

October 13, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/15/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thompson

FUNERAL DIRECTOR

Wilson

8418

52

THE UNIVERSITY OF CHICAGO  
LIBRARY

8418

R-200  
3 9149

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9149  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>PERRY HENRY ROSA</b>		2. DATE OF DEATH <b>OCT 13, 1953</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>2 N. GLOVER</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>2 N. GLOVER ST</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
6. LENGTH OF STAY IN BALTIMORE <b>40 YRS</b>		D. STREET ADDRESS (If rural, give location) <b>2 N. GLOVER ST</b>	
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>WHITE</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>APR 30, 1880</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TEAM SHOVEL OP.</b>		12. AGE (In years last birthday) <b>73</b>	
13. FATHER'S NAME <b>? ROSA</b>		14. BIRTHPLACE (State or foreign country) <b>WISCONSIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. MOTHER'S MAIDEN NAME <b>MATILDA ?</b>		18. INFORMANT <b>MRS. EUBETTA ROSA 2 N. GLOVER</b>	
19. DATE OF OPERATION <b>0</b>		20. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT, SUICIDE, HOMICIDE (Specify)		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. TIME (Month) (Day) (Year) (Hour) <b>0</b>		24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
25. HOW DID INJURY OCCUR?		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. I hereby certify that I attended the deceased from <b>Sept 4, 1953</b> , to <b>Oct 13, 1953</b> , that I last saw the deceased alive on <b>Oct 13, 1953</b> , and that death occurred at <b>6:45 p.m.</b> , from the causes and on the date stated above.		28. SIGNATURE <b>John W Clift</b>	
29. ADDRESS <b>100 N Milton Ave</b>		30. DATE SIGNED <b>Oct 14 1953</b>	
31. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		32. DATE <b>OCT 16, 1953</b>	
33. NAME OF CEMETERY OR CREMATORY <b>WOOD LAWN</b>		34. LOCATION (City, town, or county) (State) <b>WOOD LAWN MD</b>	
35. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 15 1953</b>		36. REGISTRAR'S SIGNATURE <b>Huntington</b>	
37. FUNERAL DIRECTOR <b>ALDRICH FUNERAL HOME</b>		38. ADDRESS <b>4210 BELAIR</b>	

52224

WATER  
CONDENSE  
VALVE

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9150

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)GEORGE PADGETT2. DATE  
OF  
DEATH10/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE MARYLAND B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL,C. CITY OR TOWN (If outside corporate limits, write full name and give township)  
BALTIMORE

D. STREET ADDRESS (If rural, give location)

3412 E. Baltimore St. - 24

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)WIDOWED

8. DATE OF BIRTH

1/30/699. AGE (in years  
last birthday)84If Under 1 Year  
Months; DaysIf Under 24 Hours  
Hours Min.

10. USUAL OCCUPATION (Give kind of work during life, including life, even if retired)

RETIRED - UNKNOWN

10B. KIND OF BUSINESS OR INDUSTRY

BETH STEEL CO

11. BIRTHPLACE (State or foreign country)

NORTH CAROLINA.12. CITIZEN OF  
WHAT COUNTRY?USA

13. FATHER'S NAME

LOUIS HENRY PADGETT

14. MOTHER'S MAIDEN NAME

CAROLINE WILKERSON15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)UNKNOWN16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

PT'S DAUGHTER.

18.

420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ARTERIOSCLEROTIC HEART DISEASE ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

GENERALIZED ARTERIOSCLEROSIS

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/12/5319B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDGANGRENE, LEFT FOOTIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11/53 1953, to OCT. 14, 1953, that I last saw the deceased alive on OCT. 14, 1953, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

James R. Trofel

M. D.

23B. ADDRESS

1632 KINGSWAY RD. BALTO. MD.

23C. DATE SIGNED

10/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 17 1953

24C. NAME OF CEMETERY OR CREMATORY

OLIVE LAWN

24D. LOCATION (City, town, or county)

COLGATE MDDATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

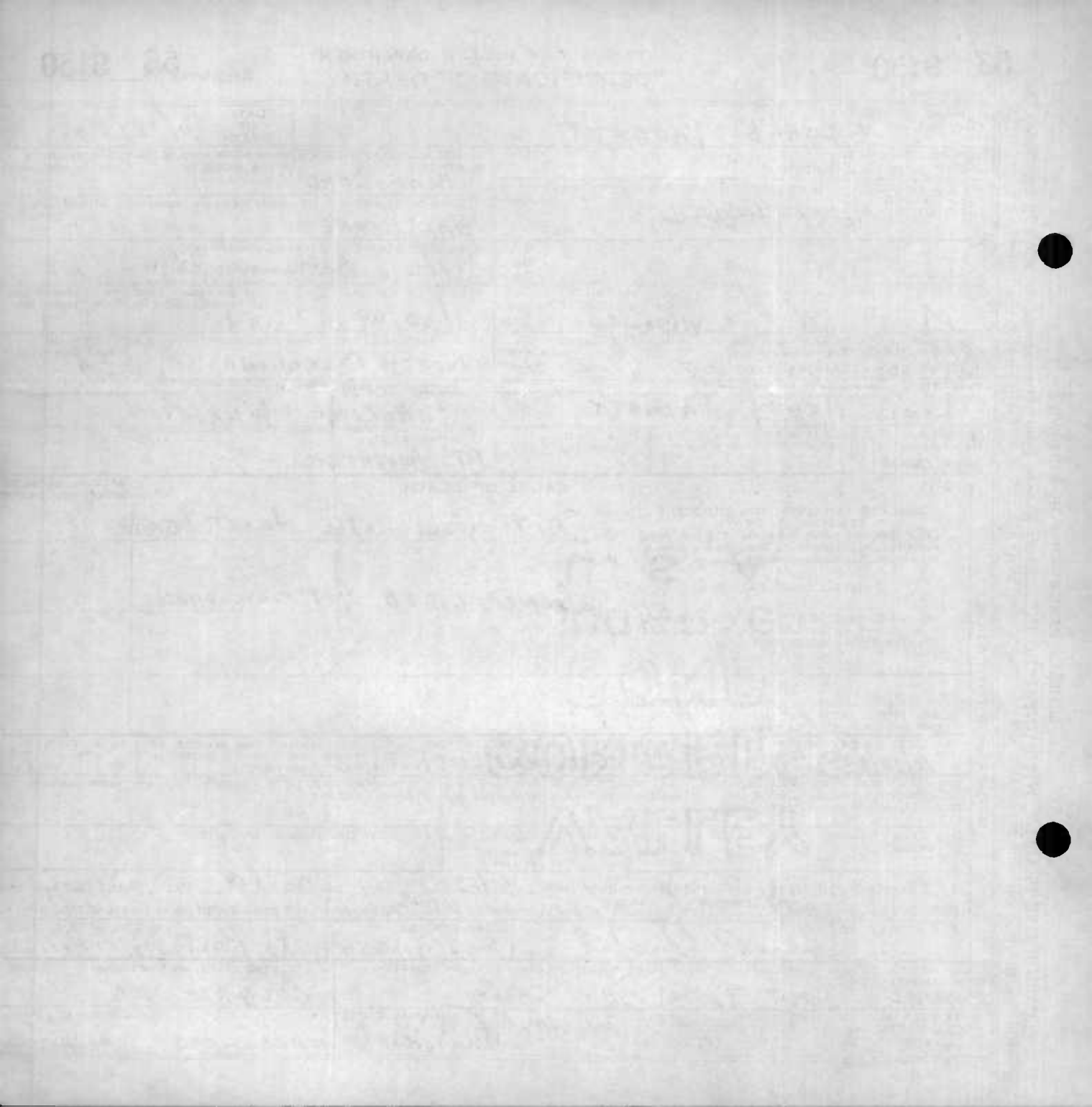
James R. Trofel

FUNERAL DIRECTOR

OLIVER FUNERAL HOME

ADDRESS

4210 BELAIR RD





53 9151

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9151  
Registered No.

BIRTH NO. 53-24403

1. NAME OF DECEASED  
(Type or Print)

BABY BOY MOWERY

2. DATE  
OF  
DEATH

October 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Hospital for Women of Maryland

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OF RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Prematurity

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

18 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1953, to Oct 3, 1953 that I last saw the  
deceased alive on Oct 3, 1953, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William P. Pugh

M. D.

23B. ADDRESS

Hosp. for Women &amp; Child

23C. DATE SIGNED

10/6/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

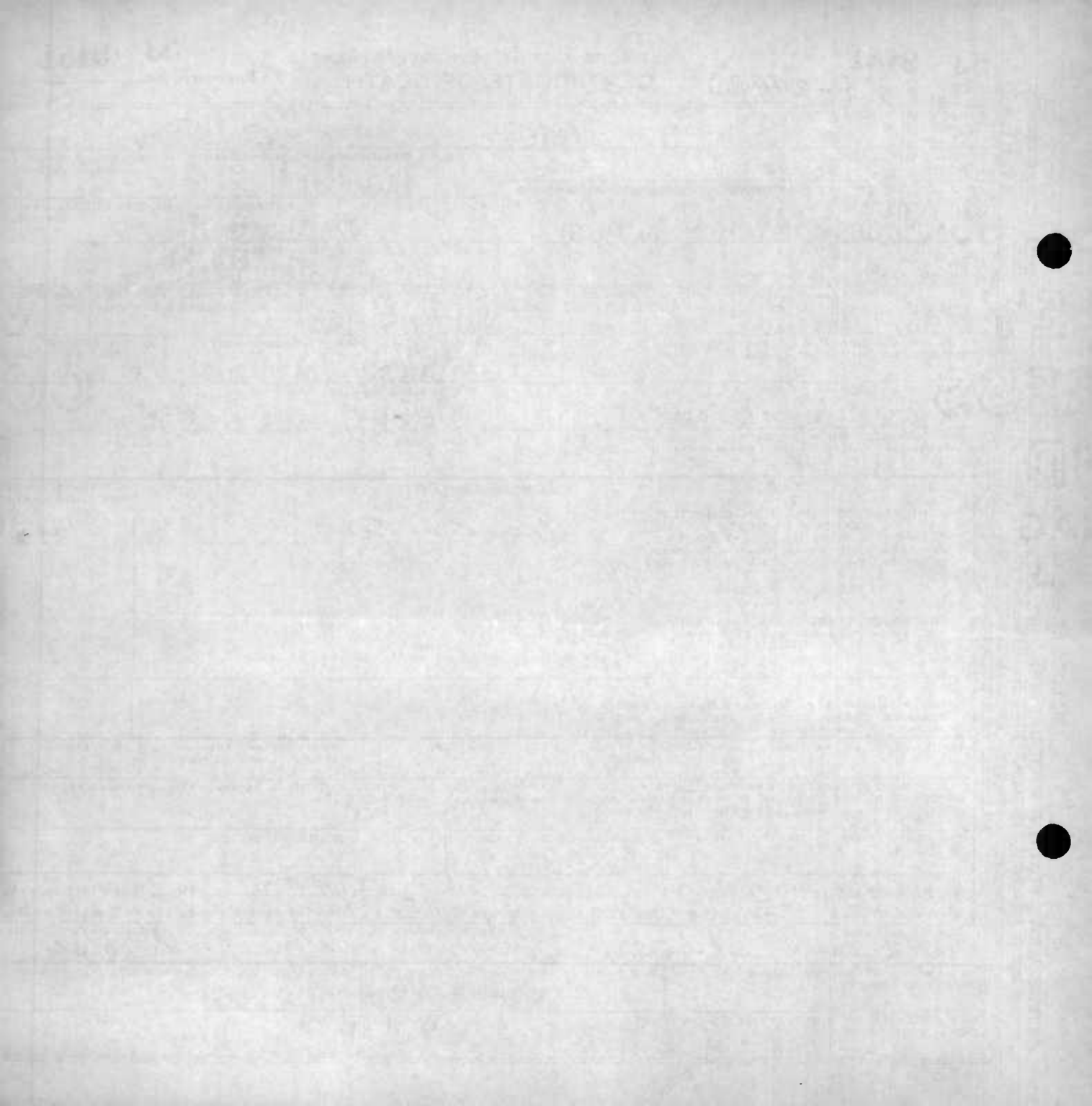
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1953  
VS 150Huntington 513:0  
John Hopkins Medical SchoolOCT 8, 1953  
Huntington Williams, MD



236

53 9152-23938

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9152

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Baby Girl Foster

2. DATE  
OF  
DEATH

Sept. 29, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR  
INDUSTRY

FATHER'S NAME

Robert Wesley Louis

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 23-01

D. STREET ADDRESS (If rural, give location)

1639 W. Hamburg 30

8. DATE OF BIRTH

SEPT. 28, 1953

9. AGE (In years  
last birthday)11 Under 1 Year 11 Under 24 Hours  
Months Days Hours Min.

7 25

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elsie Foster

17. INFORMANT

ADDRESS

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Prematurity

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1953 to 9-29, 1953 that I last saw the  
deceased alive on 9-28, 1953 and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 1 8 1953

Huntington Williams, MD

Huntington Williams, MD

200

STANDARD

100



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-425

53 9153

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9153  
Registered No.

BIRTH NO. 3-23633

1. NAME OF DECEASED (Type or Print) Baby Boy Gillikin.		2. DATE OF DEATH 9/28/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Balto. Gen. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 25-05	
D. LENGTH OF STAY IN BALTIMORE 43 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3703 Fairhaven Ave. (26)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-28-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
13. FATHER'S NAME James W. Gillikin		11. BIRTHPLACE (State or foreign country) Balto. Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? 1	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Gertie Webb.	
17. INFORMANT		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 750x 1 Hydrocephalus		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. monstrosity		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 9/28/53, 19, to 9/28/53, 19, that I last saw the deceased alive on 9/28/53, 19, and that death occurred at 2:05 PM, from the causes and on the date stated above.

23A. SIGNATURE Corrado Benvenuti		23B. ADDRESS 1813 Leg St		23C. DATE SIGNED 1	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL OCT 1953	
24D. LOCATION (City, town, or county) (State)					

DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR Huntington Williams, Md.		ADDRESS	
---	--	---	--	--	--	---------	--

1018 10

14 12 10

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*



- 420

53 9154

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No

53 9154

NAME OF DECEASED  
(Type or Print)

Margaret Tolj

2. DATE  
OF  
DEATH

10-12-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp

Length of stay in Baltimore

life

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

NO

NONE

Mrs. Caroline Tolj

Same

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Vascular Accident 20 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

Hypertensive Cardiovascular Disease

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-2-53 to 12-12-53, that I last saw the deceased alive on 10-12-53, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

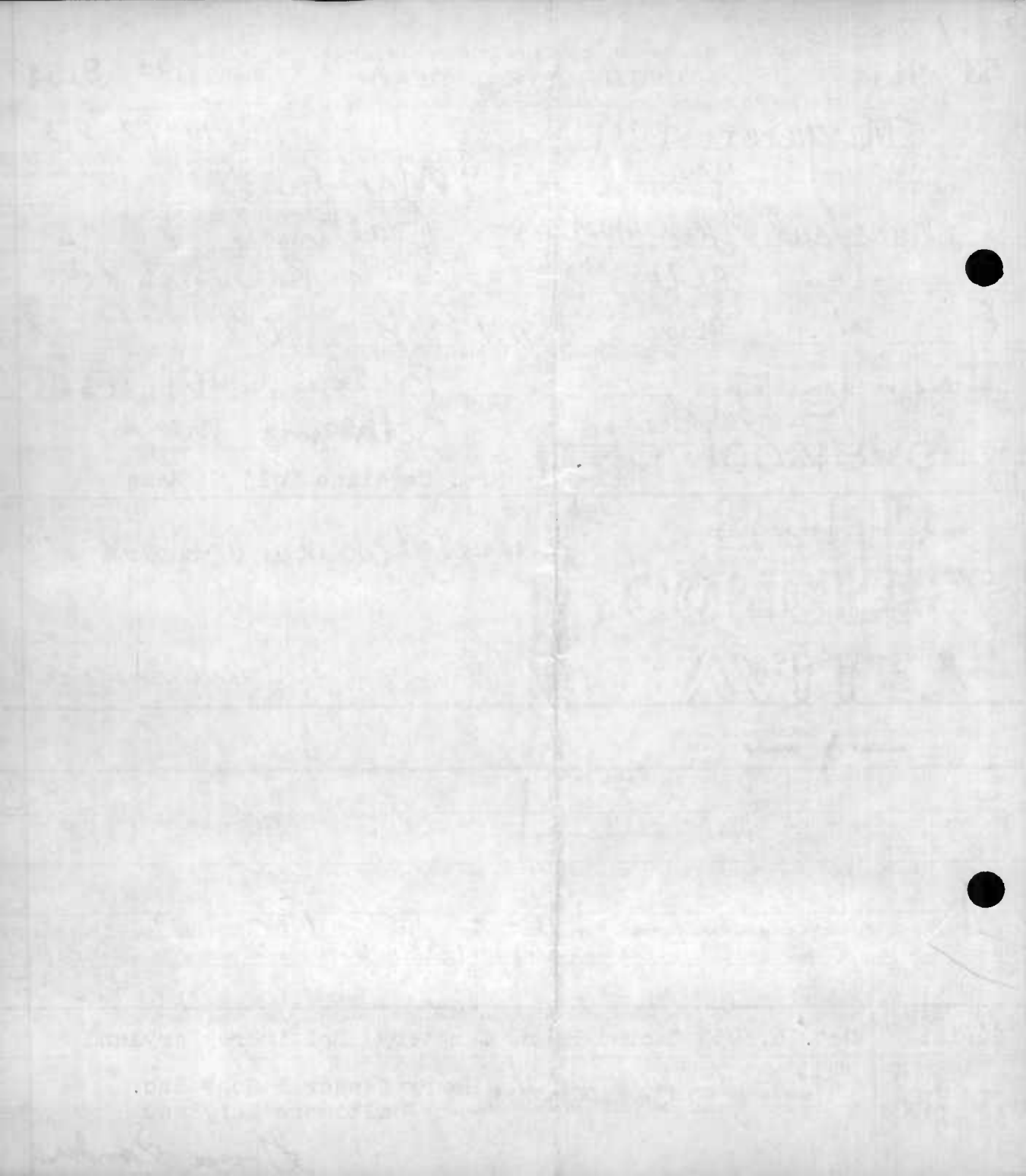
ADDRESS

OCT 16 1953

Huntington Williams, M.D.

Henry Sander & Sons Inc.  
Baltimore Maryland

George Sander



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9155BIRTH NO. 53 9155

1. NAME OF DECEASED (Type or Print) <b>MARGARET KOENEKE</b>			2. DATE OF DEATH <b>October 13, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1965 North Collington Ave</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore 8-02</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1965 North Collington Ave.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 24, 1877</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>William Henry Busch</b>			14. MOTHER'S MAIDEN NAME <b>Mary Clay Owins</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		
			17. INFORMANT <b>1965 N. Collington Ave. Mr. Frederick G. Koeneke</b>		

18. <b>35yr</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage (L. Hemiplegia)</b>			CAUSE OF DEATH <b>Cerebral Hemorrhage (L. Hemiplegia)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 yrs.</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension</b>			(B) <b>Hypertension</b>					
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <b>0</b>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>								
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>10 6</b> , 19 <b>53</b> , to <b>10-13</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-12</b> , 19 <b>53</b> , and that death occurred at <b>10 a.m.</b> , from the causes and on the date stated above.								
23A. SIGNATURE <b>David S. Edwards</b>			23B. ADDRESS <b>1101 N. Union Ave</b>			23C. DATE SIGNED <b>10-13-53</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			24B. DATE <b>Oct. 16, 1953</b>			24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery Baltimore Maryland</b>		
24D. LOCATION (City, town, or county) (State) <b>Baltimore Maryland</b>								
DATE RECEIVED BY LOCAL REGISTRAR <b>10-16-53</b>			REGISTRAR'S SIGNATURE <b>Huntington 5/13/53</b>			25. FUNERAL DIRECTOR <b>Henry Sander &amp; Sons Inc.</b>		
						ADDRESS <b>Baltimore Maryland</b>		

6

8

53 9156

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9156  
Registered No.

NAME OF DECEASED  
(Type or Print)

MARY ORTEL

2. DATE OF DEATH  
October 14, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR 2117 Dennesson St.  
INSTITUTION Crawford Retreat

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

Nov. 25 1871

9. AGE (In years last birthday)

81

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Smith

14. MOTHER'S MAIDEN NAME

Kiefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mr. Leroy Ortel

ADDRESS

Same

18. 420.0  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1953, to Oct. 14, 1953, that I last saw the deceased alive on Oct. 14, 1953, and that death occurred at 8:53 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

M. D.

23B. ADDRESS

2200 Garrison Blvd.

23C. DATE SIGNED

Oct. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 16 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

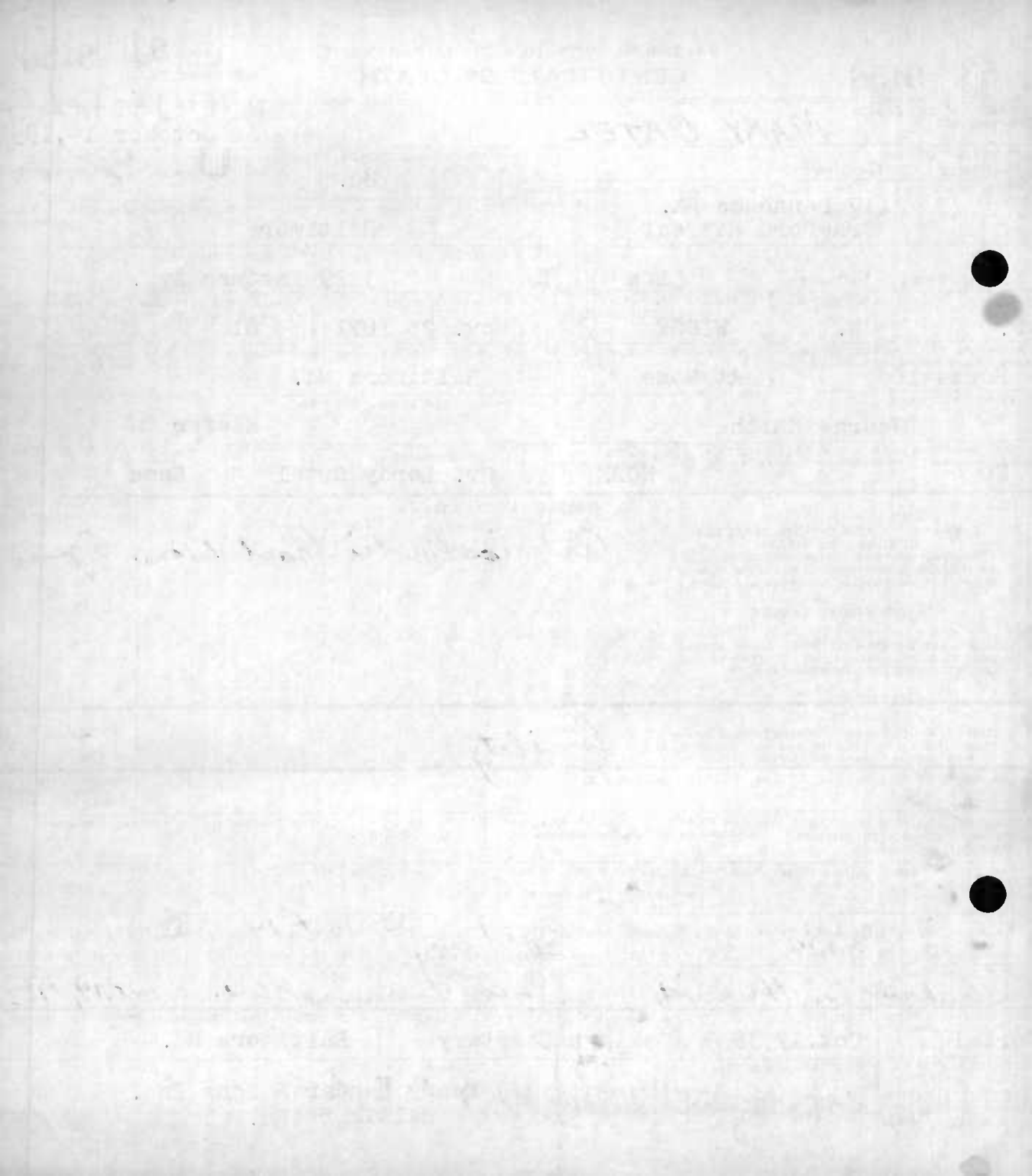
25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Md.

By J. Parker





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 53 9157

BIRTH NO. 9157

1. NAME OF DECEASED (Type or Print) <b>JOHN Young Steedman Sr.</b>			2. DATE OF DEATH <b>October 15, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Anne Arundel</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Lake Shore-Pasadena</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>Box 413</b>		
6. SEX <b>Male</b>	7. COLOR OR RACE <b>White</b>	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	9. DATE OF BIRTH <b>Nov. 4, 1886</b>	10. AGE (In years last birthday) <b>66</b>	11. Under 1 Year Months Days 12. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Plumbing</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore Md.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>John Y. Steedman</b>			14. MOTHER'S MAIDEN NAME <b>Lena Weber</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>213-01-2281</b>		
17. INFORMANT <b>Lovetta Lehnert Steedman</b>			ADDRESS <b>Same</b>		

18. <b>E812.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Rupture of spleen</b> DUE TO <b>Intraperitoneal hemorrhage</b> (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Myocardial infarct Coronary arteriosclerosis with occlusion</b>		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>High and Gay Sts. 5-07</b>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>October 13, 1953 12:15 Pm.</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Struck by truck while crossing street</b>

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *[Signature]* 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED **Oct. 15, 1953**

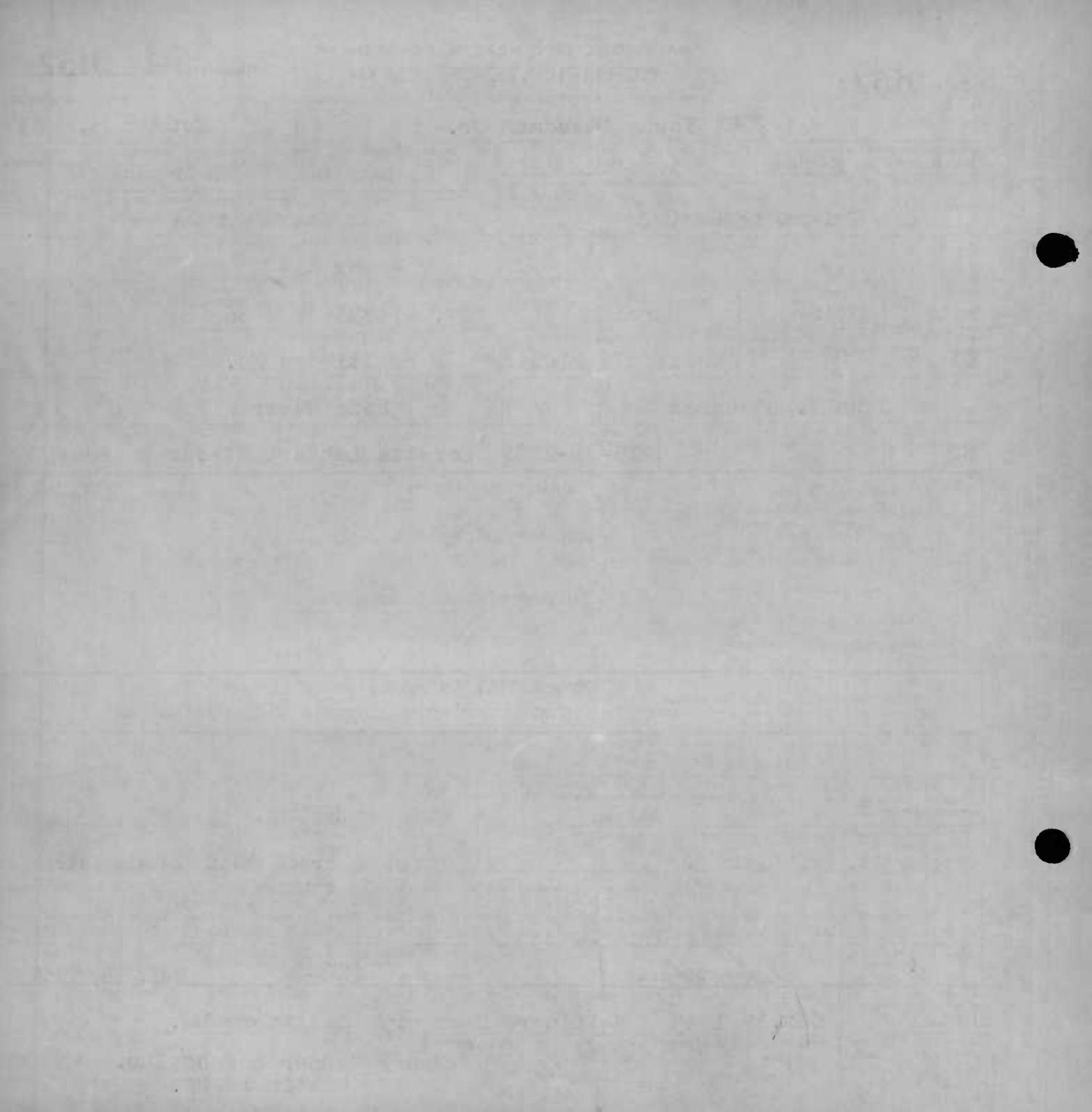
24A. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial** 24B. DATE  
**Oct. 19, 1953** 24C. NAME OF CEMETERY OR CREMATORY  
**Baltimore Cemetery** 24D. LOCATION (City, town, or county) (State)  
**Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR **OCT 16 1953** REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR  
**Henry Sander & Sons Inc.** ADDRESS  
**Baltimore Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9158  
Registered No.53 9158  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Jose Mercado Galan</b>			2. DATE OF DEATH <b>Oct. 11, 1953</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Baltimore</b>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>US PHS Hospital</b> <b>Baltimore 11, Md.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>20</b> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>828 Edmondson Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Filipino</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 14, 1890</b>		9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seaman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Seafaring</b>	11. BIRTHPLACE (State or foreign country) <b>Philippine Islands</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Andrean Galan</b>			14. MOTHER'S MAIDEN NAME <b>Modessa Mercado</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>213 12 0275</b>	17. INFORMANT ADDRESS <b>Records, US PHS Hospital, Balto., Md.</b>		

18. <b>452x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Peritonitis, secondary to thrombosis of superior mesenteric artery.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Recent</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Generalized arteriosclerosis</b>		<b>Unknown</b>
(C) <b>Pulmonary congestion and edema</b>		<b>recent</b>

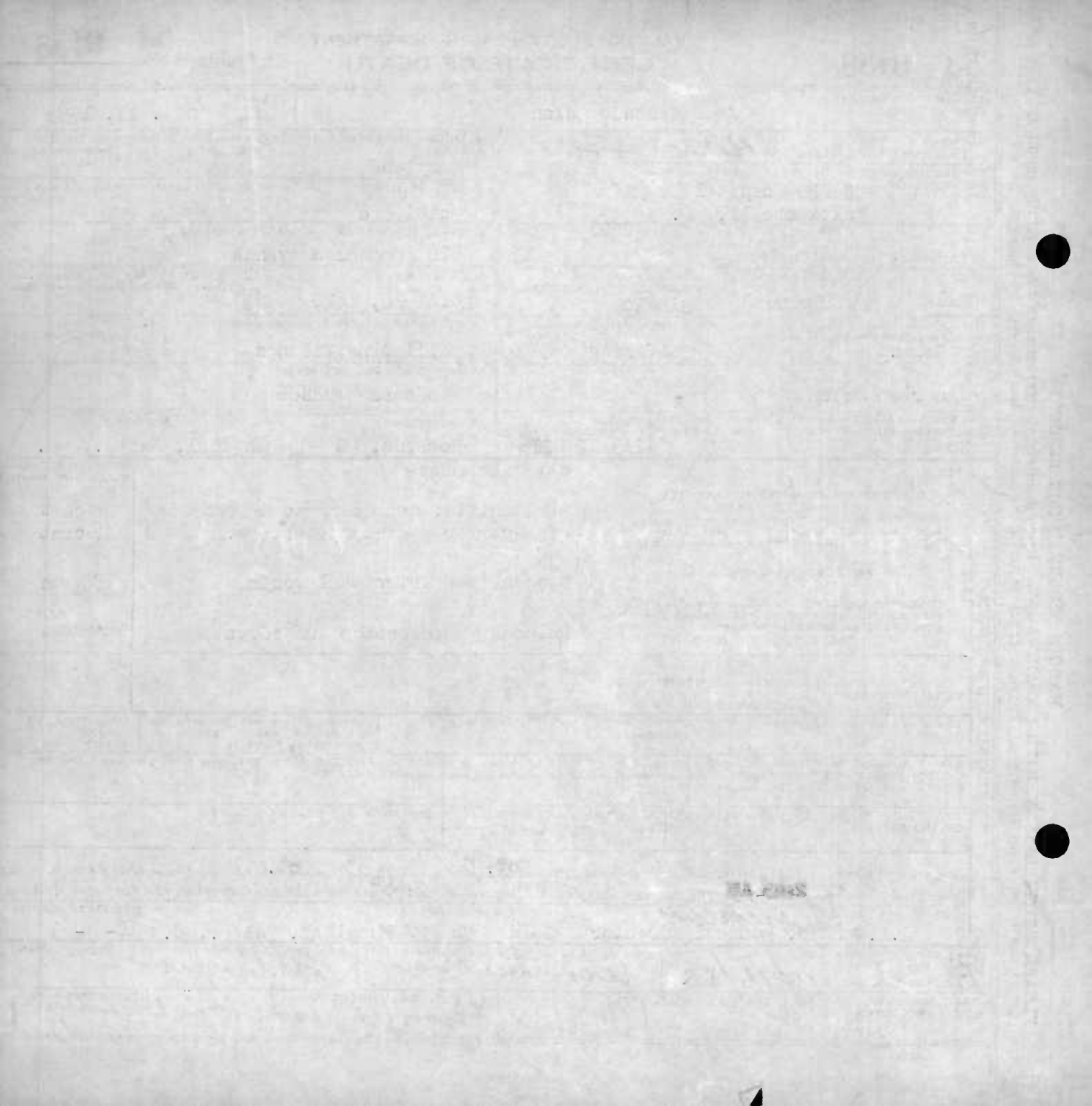
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>10/11/53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Peritonitis</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 9**, 19**53** to **Oct. 11**, 19**53**, that I last saw the deceased alive on **10-11-53**, and that death occurred at **2:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>J.A. Hunter</b> J.A. Hunter, Medical Director	23B. ADDRESS <b>US PHS Hospital, Balto., Md.</b>	23C. DATE SIGNED <b>10-11-53</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/16/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mtn.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1953</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, 1000 Bessie St. N.W.</b>	



A-515

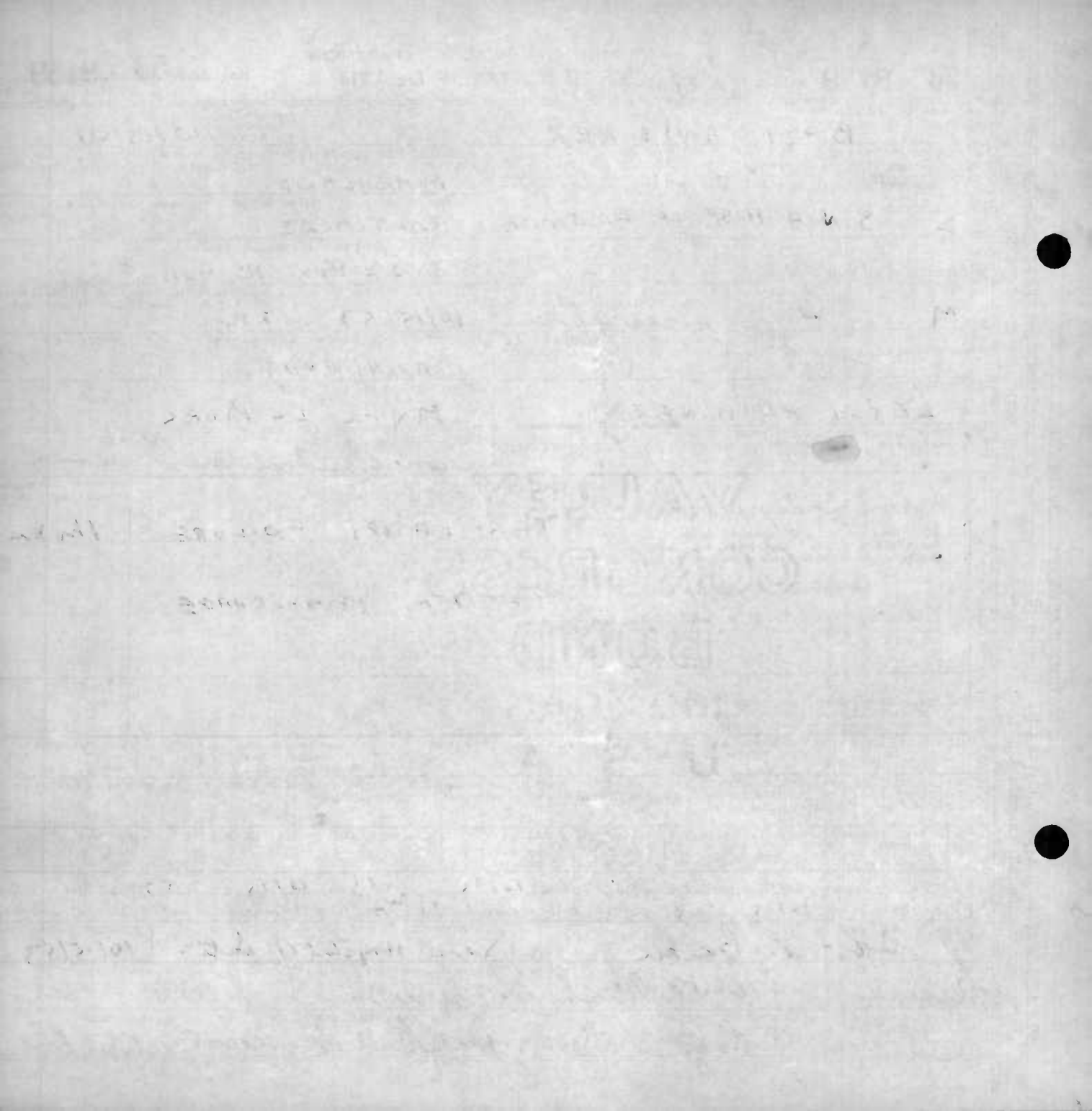
BALTIMORE CITY HEALTH DEPARTMENT

ANIBINER

BIRTH NO. 53 9159 53-25275 CERTIFICATE OF DEATH

Registered No. 53 9159

1. NAME OF DECEASED (Type or Print) <b>BABY ANIBINER</b>			2. DATE OF DEATH <b>10/15/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>42 SINIA HOSP. OF BALTIMORE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 28-41</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3822 BOWERS AVE. #7</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>10/15/53</b>	9. AGE (In years last birthday) <b>2 hr.</b>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>LEROY ANIBINER</b>			14. MOTHER'S MAIDEN NAME <b>MYRA LA PIDES</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
18. <b>760.0</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) RESPIRATORY FAILURE</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>1 hr. 30 min.</b>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B) CEREBRAL HEMORRHAGE</b> DUE TO <b>(C)</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/15</b> , 19 <b>53</b> , to <b>10/15</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/15</b> , 19 <b>53</b> , and that death occurred at <b>11:25</b> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert D. Barkin</b>		23B. ADDRESS <b>Sinai Hospital of Balt.</b>		23C. DATE SIGNED <b>10/15/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Interred</b>		24B. DATE <b>10-16-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Moshkwa Israel</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, 2100 Eutaw Pl</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			





5-100

53 9160  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9160

1. NAME OF DECEASED (Type or Print) <b>Melvin Rupp</b>		2. DATE OF DEATH <b>Oct. 14, 1953</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Howard</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Lutheran Hospital of Maryland</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Clarksville</b>	
6. Length of stay in Baltimore <b>63-00</b>		D. STREET ADDRESS (If rural, give location)	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Feb 19, 1902</b>
11. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <b>Mechanic</b>		12. AGE (in years last birthday) <b>51</b>	
13. FATHER'S NAME <b>AMOS RUPP</b>		14. BIRTHPLACE (State or foreign country) <b>PA.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Unknown</b>		16. CITIZEN OF WHAT COUNTRY? <b>PA.</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>ELIZA HOOVER</b>	
19. INFORMANT <b>MRS FLORENCE RUPP, CLARKSVILLE, MD.</b>		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>445x I</b> <b>Uremia</b> DUE TO (A) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Malignant hypertension</b> DUE TO (B) <b>Malignant hypertension</b>		<b>3 yrs.</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 5</b> , 19 <b>53</b> , to <b>Oct 14</b> , 19 <b>53</b> that I last saw the deceased alive on <b>14 Oct</b> , 19 <b>53</b> , and that death occurred at <b>3:40</b> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Richard E Beech</b>		23B. ADDRESS M. D. <b>Lutheran Hosp of Md</b>		23C. DATE SIGNED <b>Oct 14 '53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>OCT. 17, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN</b>	24D. LOCATION (City, town, or county) (State) <b>WOODLAWN, MD.</b>		
25. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington B. Howard, M.D.</b>		26. FUNERAL DIRECTOR <b>101 EDMONDSON AVE.</b> <b>55433</b>		



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9161

Registered No.

53 9161

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Clifford Robbins

2. DATE  
OF  
DEATH

Oct. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Ost 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

12-05

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

33

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1908 N. Charles St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

Male

White

Married

9-23-'90

63

10-05

11-05

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR  
INDUSTRY

Dundalk Dist.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Jeff Robbins

14. MOTHER'S MAIDEN NAME

Josephine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Acute Myocardial Infarction

4 days

DUE TO

ANTECEDENT CAUSES

(B)

Hypertensive Cardiovascular disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9-1953 to 10-14-1953 that I last saw the  
deceased alive on 10-14-1953 and that death occurred at 8:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Edmond Walker

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-15-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/17/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery, Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

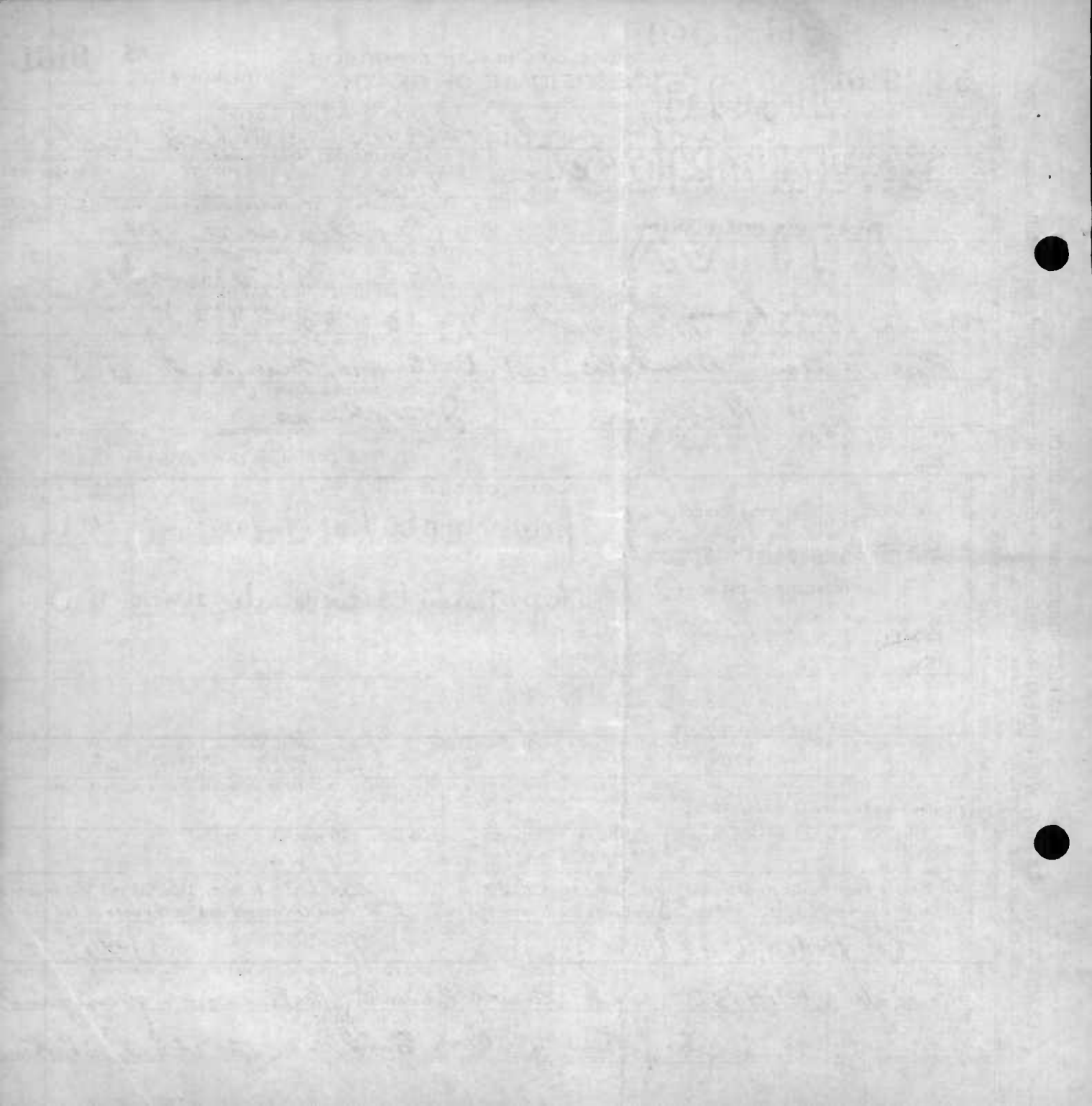
W. B. B. Inc., 1217 S. Paul St.

ADDRESS

OCT 16 1953

VS 150

574 46



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9162

BIRTH NO. 53 9162

1. NAME OF DECEASED (Type or Print) <i>Bessie Miller Small</i>			2. DATE OF DEATH <i>Oct. 14-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2004 N. Smallwood St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE <i>md</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>no</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 15-04</i>		
c. Length of stay in Baltimore <i>11 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2004 N. Smallwood St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 12, 1926</i>	9. AGE (In years last birthday) <i>27 yrs</i>	10. Under 1 Year Months: <i>2</i> Days: <i>2</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>			11. BIRTHPLACE (State or foreign country) <i>Blair, S. C.</i>		
13. FATHER'S NAME <i>Flemming Miller</i>			14. MOTHER'S MAIDEN NAME <i>Mary Manago</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Ralph Small, 2004 N. Smallwood St</i>			ADDRESS		

18. <i>163X</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>carcinoma right lung</i>	<i>10 mos.</i>	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Exploratory laparotomy</i>				<i>2.4.53</i>
19A. DATE OF OPERATION <i>2.4.1953</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Exploratory</i>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *7-31-*, 19*53* to *10-14*, 19*53*, that I last saw the deceased alive on *10-12*, 19*53*, and that death occurred at *8:25* a. m., from the causes and on the date stated above.

23A. SIGNATURE <i>James M. Fair</i>	23B. ADDRESS <i>400 N. Carrollton Ave</i>	23C. DATE SIGNED <i>10-15-1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Oct. 16.53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Blair</i>
24D. LOCATION (City, town, or county) <i>S. C.</i>		

DATE RECEIVED BY LOCAL REGISTRAR <i>Oct 16 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>James A. Hayes</i>	ADDRESS <i>638 N. Guilford</i>
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SAR 64

SAR 64

James M. Smith

1871

1871

W. H. L. V.

W. H. L. V.

W. H. L. V.

W. H. L. V.

W. H. L. V.

W. H. L. V.

W. H. L. V.

W. H. L. V.



**CERTIFICATE AMENDED 10/30/53 ES**  
**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**

53 9163  
Registered No.

53 9163

BIRTH NO.

1. NAME OF DECEASED  
Type or Print)

Michael Memmel (Michael A. Memmel)

2. DATE OF DEATH Oct. 14, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electric Typer (Retired)

10. KIND OF BUSINESS OR INDUSTRY

Maryland Color Press Baltimore, Md.

9. FATHER'S NAME

Michael Memmel

4. DATE OF BIRTH

8-17-1884

9. AGE (in years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anastasius Weippert

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

215-61-7537A

17. INFORMANT

ADDRESS

Mrs. Anna Memmel-1500 Holbrook Street

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Generalized carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ADENOCARCINOMA OF SIGMOID

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-sclerotic cardio-vascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 9 th, 1953 to Oct. 14, 1953 that I last saw the deceased alive on Oct. 14, 1953 and that death occurred at 1:30am., from the causes and on the date stated above.

23A. SIGNATURE Charles Formo P.

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street - 13 Oct. 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-17-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto; Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Inc. George F. Ruth, Inc. - 1735 Harford Avenue

OCT 16 1953

VS 150

5124M

See query reply in Document file.

4-620

53 9164

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9164  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LYNWOOD HARRIS

2. DATE  
OF  
DEATH

10-14-53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

815 N. DALLAS ST.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 7-05

7. STREET ADDRESS (If rural, give location)

815 N. DALLAS ST

8. Length of stay in Baltimore

40 YRS

Yrs.  
Mos.  
Days

9. SEX

M

10. COLOR OR RACE

C.

11. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

12. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LONGSHORE MAN

13. KIND OF BUSINESS OR  
INDUSTRY

14. FATHER'S NAME

?

15. DATE OF BIRTH

10-27-1894

16. AGE (in years  
last birthday)

58

17. Under 1 Year  
Months: Days18. Under 24 Hours  
Hours: Min.

19. BIRTHPLACE (State or foreign country)

VA

20. CITIZEN OF  
WHAT COUNTRY?

21. MOTHER'S MAIDEN NAME

MALISSA HARRIS

22. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

YES WW. I

23. SOCIAL  
SECURITY NO.

317-01-9584

24. INFORMANT

ADDRESS

JAMES E. HARRIS 1709 N. SPRING ST

25.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH26. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

cerebral  
hemorrhage

2 days

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

hypertensive  
cardio-renal disease vnk.29. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.previous cerebral hemorrhage  
7/23/53

30. DATE OF OPERATION

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY?

YES ☐ NO ☐33. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH34. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)35. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

36. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

37. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from 7/23/53 to 10/14/53 that I last saw the  
deceased alive on 10/13/53 and death occurred at 7:45 A.M., from the causes and on the date stated above.

40. SIGNATURE

41. ADDRESS

42. DATE SIGNED

43. BURIAL, CREMA-  
TION, REMOVAL (Specify)

44. DATE

45. NAME OF METEOROLOGICAL BUREAU

46. LOCATION (City, town, or county)

(State)

47. DATE RECEIVED BY  
LOCAL REGISTRAR

48. REGISTRAR'S SIGNATURE

49. FUNERAL DIRECTOR

ADDRESS

50. DATE RECEIVED BY  
LOCAL REGISTRAR

51. REGISTRAR'S SIGNATURE

52. FUNERAL DIRECTOR

ADDRESS

53. DATE RECEIVED BY  
LOCAL REGISTRAR

54. REGISTRAR'S SIGNATURE

55. FUNERAL DIRECTOR

ADDRESS

94055

Dr. Rayner Brown

5-250

53 9165

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 9165

1. NAME OF DECEASED (Type or Print) <b>PEARL JACKSON</b>		2. DATE OF DEATH <b>10-14-53</b>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>BALTO.</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>202 N. FREMONT AVE</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO.</b>	
7. Length of stay in Baltimore <b>40yrs</b>		8. STREET ADDRESS (If rural, give location) <b>202 N. FREMONT AVE</b>	
9. SEX <b>F</b>	10. COLOR OR RACE <b>C.</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	12. DATE OF BIRTH <b>10-18-1906</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		14. AGE (In years last birthday) <b>46</b>	
15. FATHER'S NAME <b>JAMES SALLETT</b>		16. CITIZEN OF WHAT COUNTRY? <b>FLORIDA</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		18. SOCIAL SECURITY NO. <b>Joseph J. Jackson 202 N. FREMONT AVE</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>443x 9nd 260x</b>		20. CAUSE OF DEATH (A) <b>Hypertensive Cardiovascular disease</b> (B) <b>Hypertension</b> (C) <b>Diabetes mellitus</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		22. INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		24. <b>?</b>	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from <b>June 7, 1953</b> to <b>Oct-14, 1953</b> , that I last saw the deceased alive on <b>Oct-10, 1953</b> , and that death occurred at <b>5:10 PM.</b> , from the causes and on the date stated above.			
34. SIGNATURE <b>E. Walter Sherrington</b>		35. ADDRESS <b>2301 Harlem Ave</b>	
36. DATE SIGNED <b>10-18-53</b>		37. DATE SIGNED	
38. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		39. DATE <b>10-17-53</b>	
40. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>		41. LOCATION (City, town, or county) (State) <b>BALTO., MD</b>	
42. DATE RECEIVED BY REGISTRAR <b>OCT 16 1953</b>		43. REGISTRAR'S SIGNATURE <b>Huntington</b>	
44. FUNERAL DIRECTOR <b>Joseph C. Locks Jr</b>		45. ADDRESS <b>1304 N. Central Ave</b>	

Dr. Sherrington  
2000 Harlem Ave



V-550

53 9166

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9166  
Registered No.

1. NAME OF DECEASED (Type or Print)		Theresa M. Noonan		2. DATE OF DEATH 10-14-53	
3. PLACE OF DEATH: Baltimore City, Maryland		Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Doctor's Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md. 26-44	
6. Length of stay in Baltimore Life		Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3417 Noble Street	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	10. DATE OF BIRTH 4-1-66	11. AGE (In years last birthday) 87	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. KIND OF BUSINESS OR INDUSTRY		15. BIRTHPLACE (State or foreign country) Baltimore	
16. FATHER'S NAME Louis Long		17. SOCIAL SECURITY NO.		18. CITIZEN OF WHAT COUNTRY? USA	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.		21. MOTHER'S MAIDEN NAME ? ? ?	
22. ADDRESS		23. INFORMANT Wm. H. Noonan son		24. ADDRESS same	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO ARTERIOSCLEROSIS (GENERALIZED) (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 6 d/s 10 (+) y/s.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) OCT. 13 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/31, 1942, to Oct. 14, 1953, that I last saw the deceased alive on Oct. 13, 1953, and that death occurred at 12:20 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Benjamin S. Hartein		23B. ADDRESS 121 S. HILHMAN AVE.		23C. DATE SIGNED 10/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-17-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Lally & Zeiler Inc.		24F. ADDRESS 403 S. Wolfe Street	

REPUBLIC OF CHINA  
MINISTRY OF HEALTH  
HOSPITAL OF CHINA

1945

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5-353

53 9167

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9167  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William W Stanton

2. DATE  
OF  
DEATH

10-13-53

3. PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2910 Hudson Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

6. LENGTH OF STAY IN BALTIMORE

life

Yrs.  
Mos.  
Days

7. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

8. STREET ADDRESS (If rural, give location)

2910 Hudson Street

9. SEX

M

10. COLOR OR RACE

W

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

12. DATE OF BIRTH

8-2-1902

13. AGE (In years last birthday)

51

14. If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

16. KIND OF BUSINESS OR INDUSTRY

Milske Constr.Co.

17. BIRTHPLACE (State or foreign country)

Baltimore

18. CITIZEN OF WHAT COUNTRY?

USA

19. FATHER'S NAME

James Stanton

20. MOTHER'S MAIDEN NAME

Sophia Svoda

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

22. SOCIAL SECURITY NO.

23. INFORMANT  
Anna Stanton wife24. ADDRESS  
same25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)26. CAUSE OF DEATH  
(A) Carcinoma of Stomach

27. INTERVAL BETWEEN ONSET AND DEATH

1 yr. ?

## 28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION

Aug. 1953

32. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Stomach

33. AUTOPSY?

YES ☐ NO ☒

34. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

35. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)

36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. TIME (Month) (Day) (Year) (Hour)

38. INJURY OCCURRED

39. HOW DID INJURY OCCUR?

40. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

41. I hereby certify that I attended the deceased from July 20, 1953, to Oct 13, 1953 that I last saw the deceased alive on Oct. 13, 1953 and that death occurred at 5:50m., from the causes and on the date stated above.

42. SIGNATURE

43. ADDRESS

44. DATE SIGNED

M. D.

3023 Eastern Ave.

10/15/53

45. BURIAL, CREMATION, REMOVAL (Specify)

Burial

46. DATE

10-17-53

47. NAME OF CEMETERY OR CREMATORY

Oaklawn

48. LOCATION (City, town, or county)

Baltimore Md.

(State)

49. DATE RECEIVED BY LOCAL REGISTRAR

50. REGISTRAR'S SIGNATURE

51. FUNERAL DIRECTOR

52. ADDRESS

OCT 16 1953

Huntington Bldg. Co.

Bally &amp; Zeidler, Inc. 403S. Wolfe Street

56424

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

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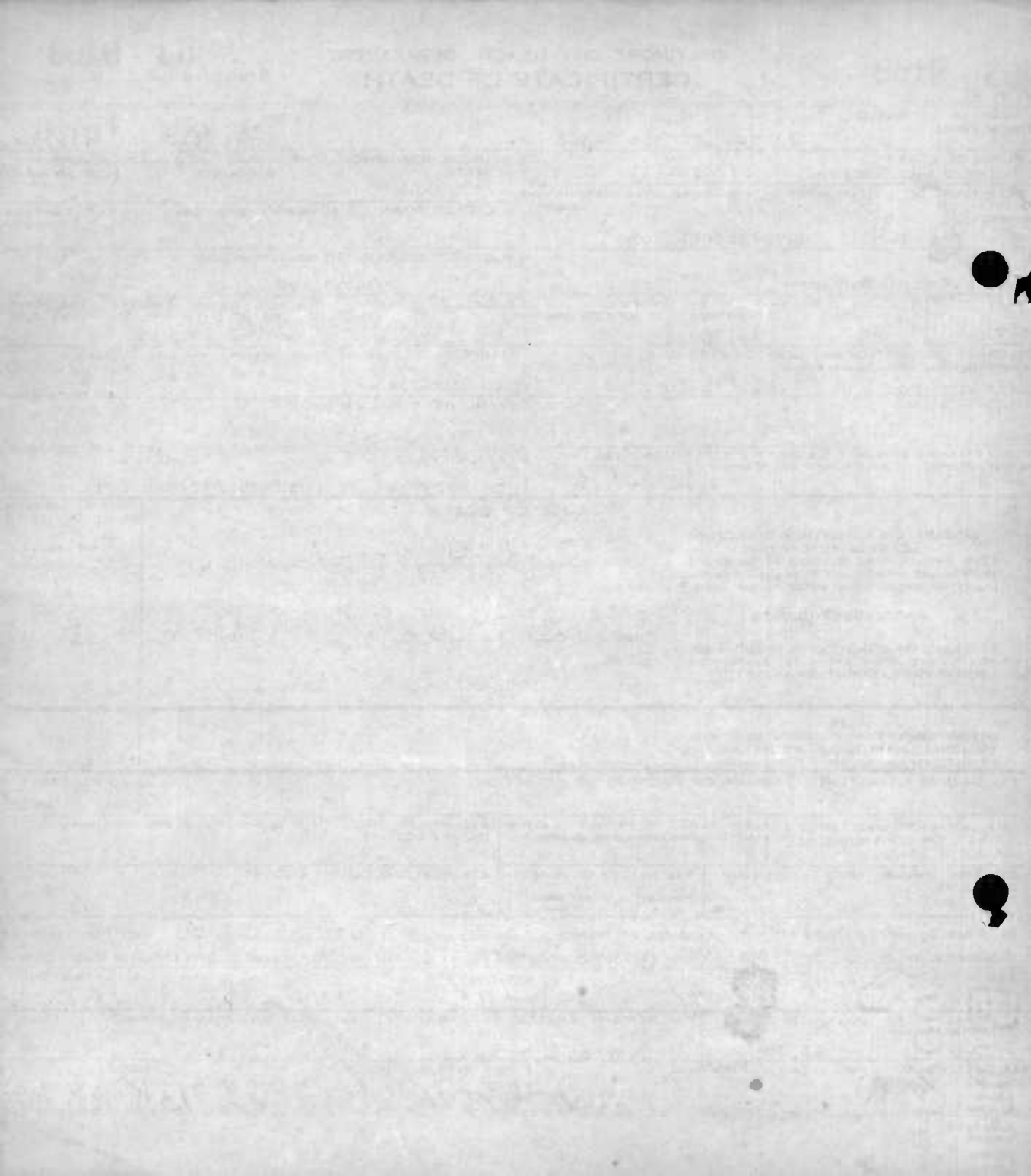
53 9168

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9168  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Joseph Francis Saxon Sr.</b>		2. DATE OF DEATH <b>October 14, 1953</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland Baltimore City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>1801 Eutan Pl</b> <b>Parkhill Convalescent Home</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>55 years</b>		d. STREET ADDRESS (If rural, give location) <b>1525 Gorsuch Ave</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>April 8 1887</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Oil Burner Co</b>	13. AGE (in years last birthday) <b>66</b>
14. FATHER'S NAME <b>Joseph Saxon</b>		15. BIRTHPLACE (State or foreign country) <b>Austria</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		17. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
18. SOCIAL SECURITY NO. <b>180-05-3250</b>		19. MOTHER'S MAIDEN NAME <b>Mary Martin</b>	
20. INFORMANT <b>Mrs Mary Bailey (Daughter)</b>		21. ADDRESS <b>1525 Gorsuch Ave</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO <b>Arteriosclerotic Cardiac</b> DUE TO <b>Vascular Disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 mo.</b>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>27-May, 1953</b> to <b>14-Oct-53</b> , that I last saw the deceased alive on <b>13-Oct, 1953</b> , and that death occurred at <b>7:54 a.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Charles W. Edwards</b>		23B. ADDRESS <b>274 The Alameda</b>	
23C. DATE SIGNED <b>15-Oct-53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 17, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>St Ambrose Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Schuylkill Pa.</b>
25. FUNERAL DIRECTOR <b>Huntington Williams, 18 Melville Jenkins</b>		26. ADDRESS <b>2713 KIRK AVE</b>	

55484





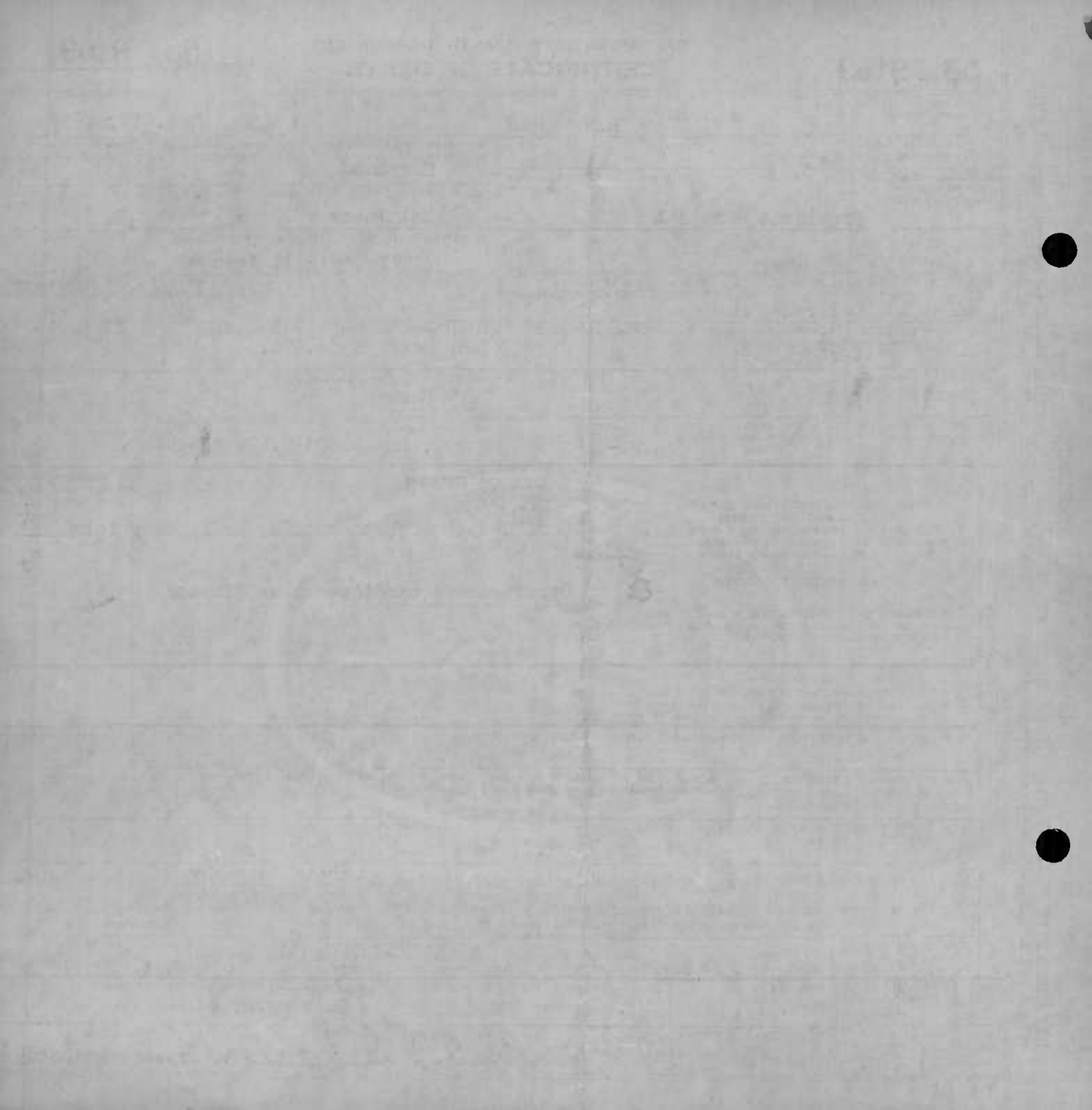
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9169**W-300  
**53 9169**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILLIAM H. WADDY</b>			2. DATE OF DEATH <b>Oct. 12, 1953</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>11-03</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>427 Druid Hill Avenue</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>July 26, 1923</b>	9. AGE (In years last birthday) <b>30</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pin-ball setter</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>King Georges Co. Va.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Charles Waddy</b>			14. MOTHER'S MAIDEN NAME <b>Mary Harris</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>220-14-4759</b>	17. INFORMANT ADDRESS <b>Mary C. Long 1804 N. Bentalou St.</b>		

18. <b>491X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Confluent bronchopneumonia, left lower lobe</b> DUE TO <b>Hypertensive cardiovascular disease</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Confluent bronchopneumonia, left lower lobe</b> DUE TO <b>Hypertensive cardiovascular disease</b> DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Joseph G. Jackson</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Oct. 13, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 17, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington W. Bishop</b>	25. FUNERAL DIRECTOR <b>Joseph L. Russ</b>	ADDRESS <b>2222 W. South Ave. Balt</b>
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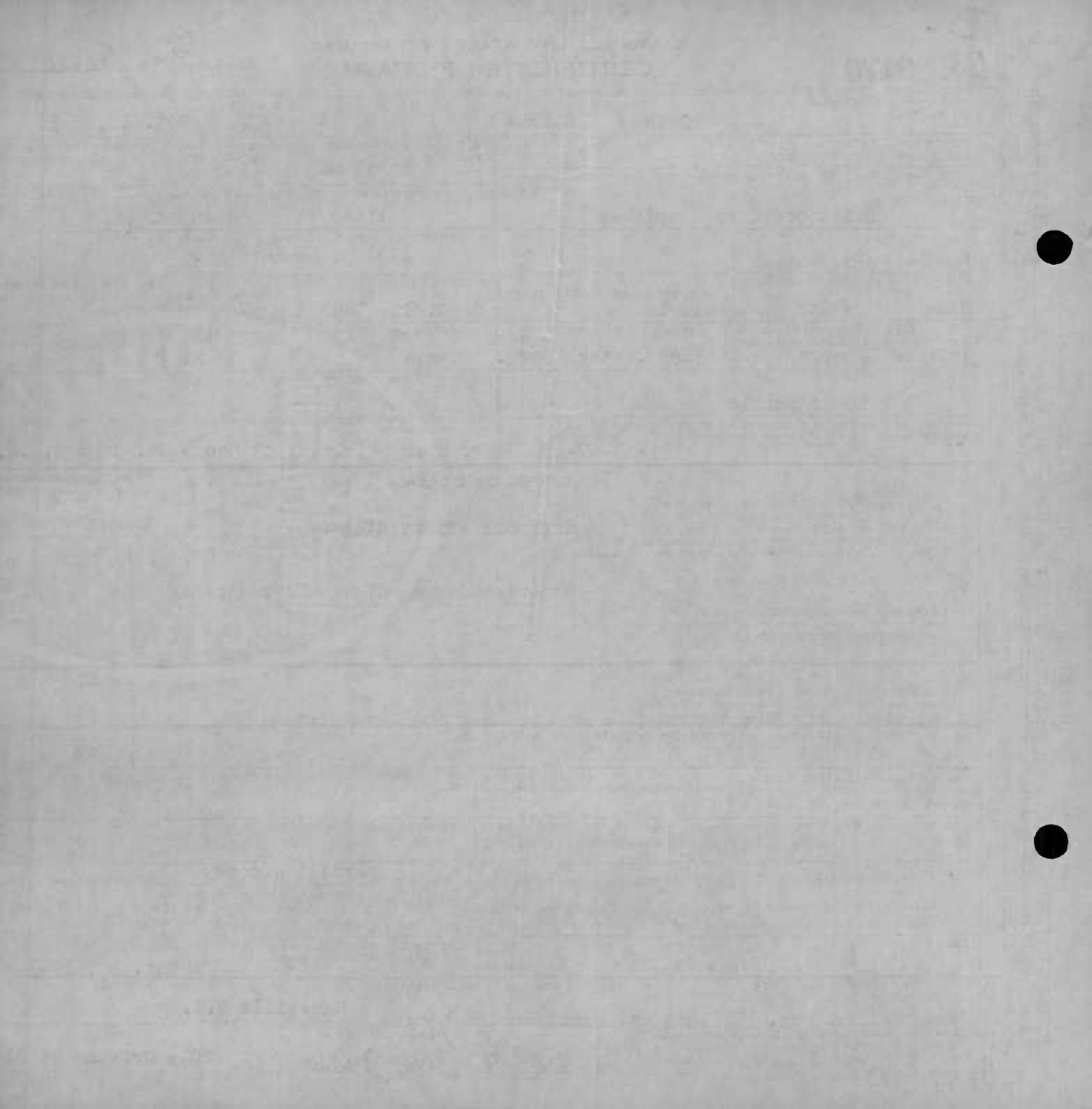


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9170

53 9170 BIRTH NO.		ROMAN BATULA		2. DATE OF DEATH Oct. 14, 1953	
1. NAME OF DECEASED (Type or Print)				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland				A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-07	
c. Length of stay in Baltimore 43 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 4331 E. Lombard St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 15, 1896	9. AGE (In years last birthday) 57	11. BIRTHPLACE (State or foreign country) Russia
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) skilled laborer			10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Corp.		
13. FATHER'S NAME Lucas Batula			14. MOTHER'S MAIDEN NAME ---		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-07-4369		17. INFORMANT ADDRESS Mr. Elar Batula, 1543 Louis St.-Camden, N.J.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary artery disease DUE TO Hypertensive cardiovascular disease (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
22A. SIGNATURE Joseph A. Jackson		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 15, 1953	
24A. BURIAL OR REMOVAL (Specify) Removal		24B. DATE Oct. 17, 1953		24C. NAME OF CEMETERY OR CREMATORY St. Vladimir Cemetery	
24D. LOCATION (City, town, or county) Cassville N.J.		24E. FUNERAL DIRECTOR Huntington Williams, M.D. & Sons		24F. ADDRESS 2024 Orleans St 31	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1953		REGISTRAR'S SIGNATURE			
VS 151 97031A					

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9171

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)HENRY S. BARKLAGE2. DATE  
OF  
DEATH10/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTIONMERCY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1946 W. NORTH AVE.

c. Length of stay in Baltimore

84Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)SINGLE

8. DATE OF BIRTH

11/20/689. AGE (In years;  
last birthday)84If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF  
WHAT COUNTRY?  
U.S.

13. FATHER'S NAME

HENRY A. BARKLAGE

14. MOTHER'S MAIDEN NAME

MARGARET MC CARREN15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

SELF

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) PNEUMONIA

DUE TO

4 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1953 to 10/15, 1953, that I last saw the  
deceased alive on 10/15, 1953, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry S. Weeks

M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10/15/5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

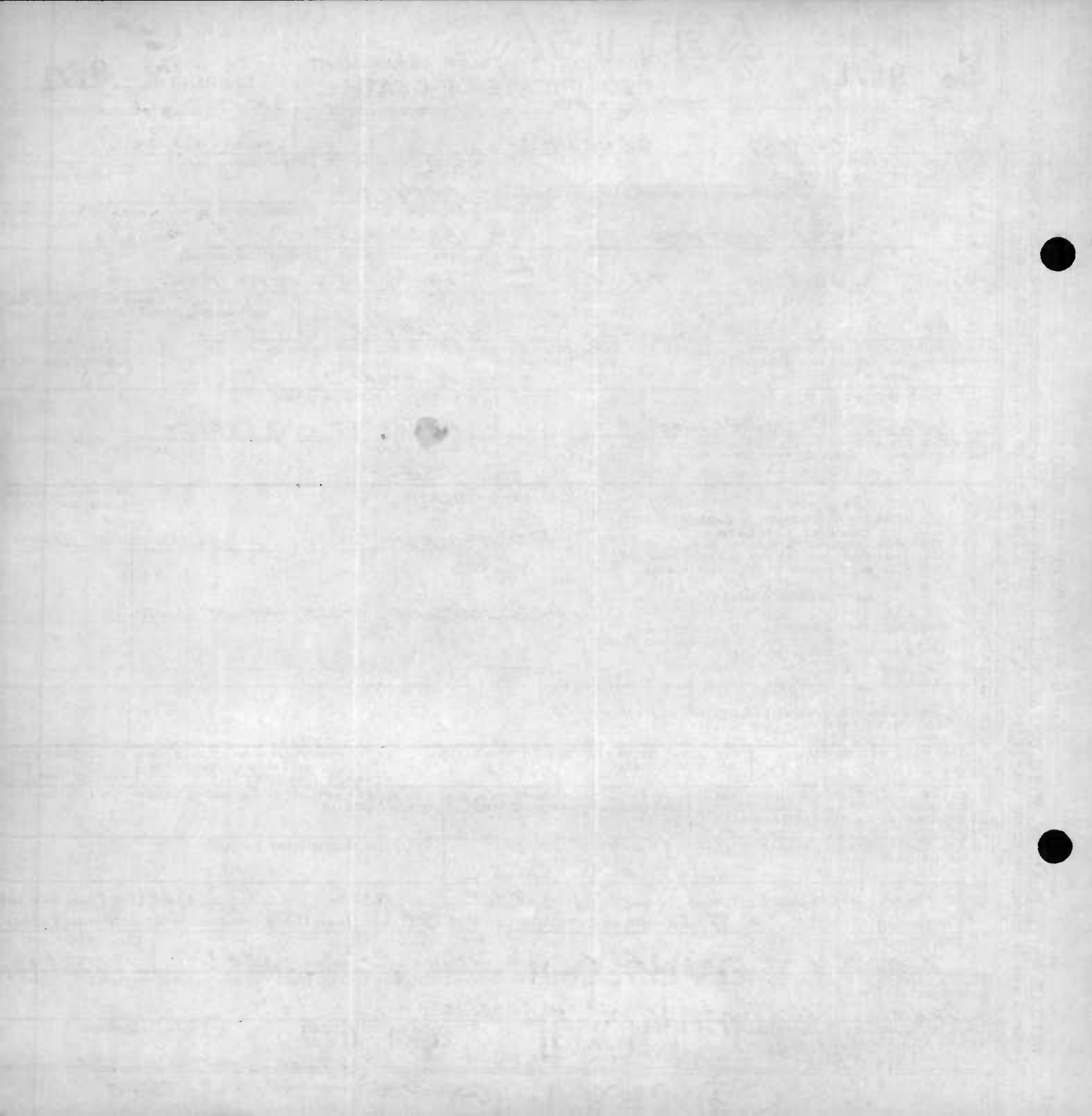
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1953Huntington15/11/53Greenmamb & 22nd St.





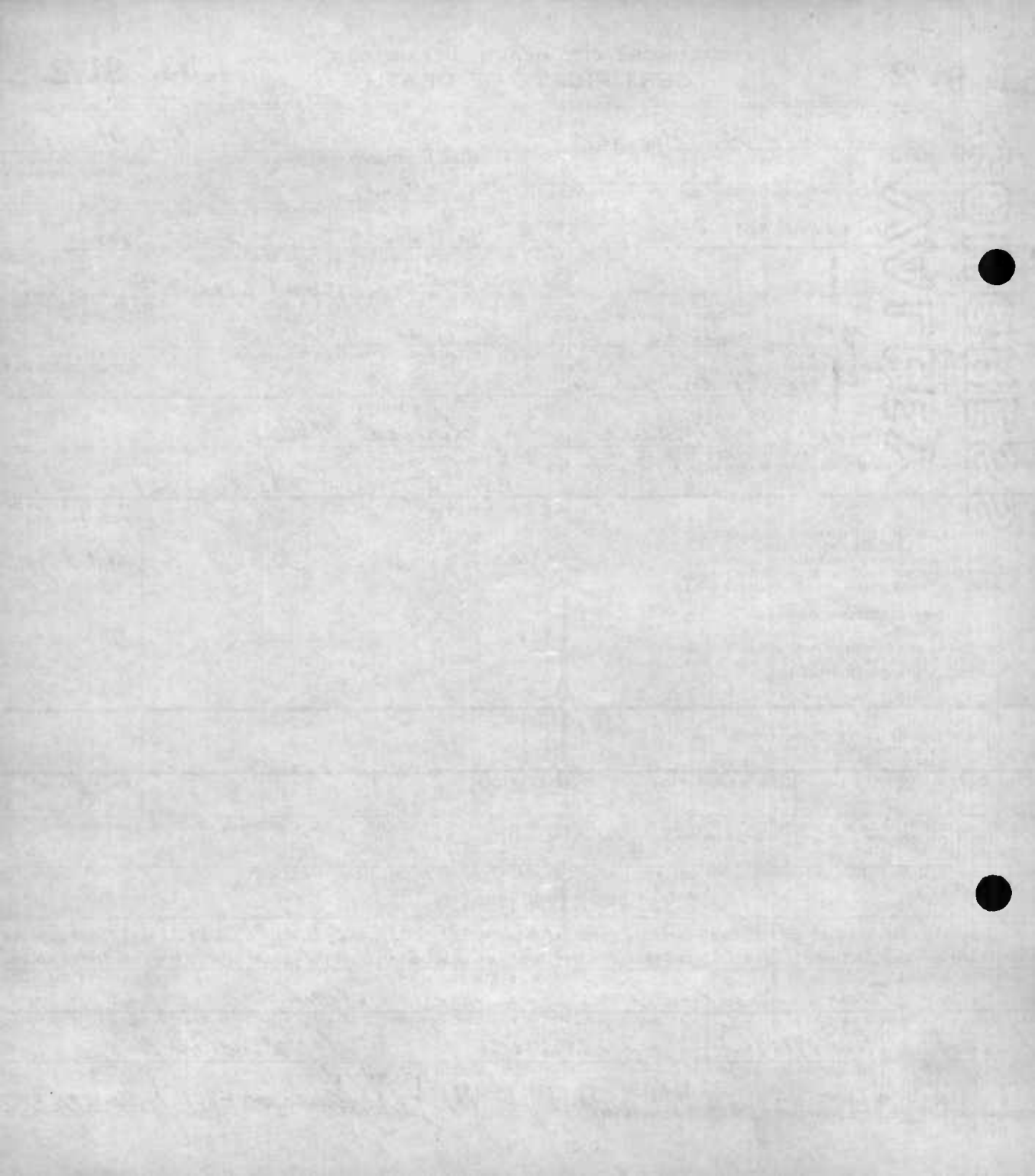
M-625

53 9172

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9172

1. NAME OF DECEASED (Type or Print) <i>George M. Morgan</i>		2. DATE OF DEATH <i>October 15, 1953</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore <i>50</i> Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 4222 Ridgewood Ave #15	
9. SEX <i>M</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>August 31, 1889</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired credit mgr</i>		14. AGE (in years last birthday) <i>64</i>	
15. FATHER'S NAME <i>Thomas H. Morgan</i>		16. BIRTHPLACE (State or foreign country) <i>Va</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)		18. CITIZEN OF WHAT COUNTRY?	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME <i>Louisa McCoy</i>	
21. INFORMANT <i>Mary H. Morgan</i>		22. ADDRESS <i>4222 Ridgewood Ave #15</i>	
23. CAUSE OF DEATH			
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		25. INTERVAL BETWEEN ONSET AND DEATH <i>about 3 yrs.</i>	
26. ANTECEDENT CAUSES			
27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		28. (B) (C)	
29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
30. DATE OF OPERATION		31. MAJOR FINDINGS OF OPERATION	
32. DATE OF OPERATION		33. MAJOR FINDINGS OF OPERATION	
34. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		35. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
36. WHERE DID INJURY OCCUR?		37. (If in Baltimore City, give exact location)	
38. TIME (Month) (Day) (Year) (Hour) OF INJURY		39. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
40. HOW DID INJURY OCCUR?		41. HOW DID INJURY OCCUR?	
42. I hereby certify that I attended the deceased from <i>September 25, 1953</i> , to <i>October 15, 1953</i> , that I last saw the deceased alive on <i>October 15, 1953</i> , and that death occurred at <i>4:20 A.M.</i> , from the causes and on the date stated above.			
43. SIGNATURE <i>Terro Masu Kawa</i>		44. ADDRESS <i>Lutheran Hospital</i>	
45. DATE SIGNED <i>October 15, 1953</i>		46. DATE SIGNED	
47. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		48. DATE <i>Oct 17/1953</i>	
49. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>		50. LOCATION (City, town, or county) (State) <i>Hoodlawn Md</i>	
51. DATE RECEIVED BY LOCAL REGISTRAR		52. REGISTRAR'S SIGNATURE <i>Huntington Hill</i>	
53. FUNERAL DIRECTOR <i>4204 Ridgewood Ave</i>		54. ADDRESS	



N-410

53 9173

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9173  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

S. M. Marcella Wolf

2. DATE

OF  
DEATH October 15 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Institute of Notre Dame

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR  
INDUSTRY

Religious

13. FATHER'S NAME

Andre Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

901 Aisquith Street

8. DATE OF BIRTH

February 1891

9. AGE (In years

last birthday) 62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Ind.

12. CITIZEN OF

WHAT COUNTRY?  
U.S.A.

14. MOTHER'S MAIDEN NAME

Susanna Neubauer

17. INFORMANT

ADDRESS

S. M. Stan. Kostka 901 Aisquith

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Arterio-sclerotic / Hypertensive  
Cardio-vascular disease

29 yr.

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1952, to October 15, 1953, that I last saw the  
deceased alive on 19, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10-17-53

VILLA MARIA CEM.

NOTCH CLIFF NR TOWSON, MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 16 1953

Huntington Williams, M.D. 901 S. Conkling St.  
Baltimore, Md.

VS 150

093 FV

EDUCATION OF LEADERS

1. The first step in the education of leaders is to determine the needs of the community. This can be done through a series of interviews and surveys. The next step is to develop a curriculum that addresses these needs. This curriculum should be based on the principles of leadership and should include both theoretical and practical components. The third step is to recruit and select leaders. This should be done through a series of interviews and tests. The final step is to provide training and support to the leaders. This can be done through a series of workshops and seminars. The goal of the education of leaders is to create a community of leaders who are able to effectively lead their communities.

2. The second step in the education of leaders is to develop a curriculum that addresses the needs of the community. This curriculum should be based on the principles of leadership and should include both theoretical and practical components. The next step is to recruit and select leaders. This should be done through a series of interviews and tests. The final step is to provide training and support to the leaders. This can be done through a series of workshops and seminars. The goal of the education of leaders is to create a community of leaders who are able to effectively lead their communities.

3. The third step in the education of leaders is to recruit and select leaders. This should be done through a series of interviews and tests. The next step is to provide training and support to the leaders. This can be done through a series of workshops and seminars. The goal of the education of leaders is to create a community of leaders who are able to effectively lead their communities.

4. The fourth step in the education of leaders is to provide training and support to the leaders. This can be done through a series of workshops and seminars. The goal of the education of leaders is to create a community of leaders who are able to effectively lead their communities.

5. The fifth step in the education of leaders is to create a community of leaders who are able to effectively lead their communities. This can be done through a series of workshops and seminars. The goal of the education of leaders is to create a community of leaders who are able to effectively lead their communities.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9174**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Abaner Or Abner J. Blackwell**2. DATE OF DEATH **Oct. 12, 53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**1039 Harlem Avenue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1039 Harlem Avenue Avenue**c. Length of stay in Baltimore **35 Yrs.**Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**Col.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

8. DATE OF BIRTH

**Sept. 19, 92**

9. AGE (In years: last birthday)

**61**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Contractor**

10B. KIND OF BUSINESS OR INDUSTRY

**Building**

11. BIRTHPLACE (State or foreign country)

**Hubert N.C.**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Thomas Blackwell**

14. MOTHER'S MAIDEN NAME

**Grace Robinson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Conn.  
**Cora Ludwick 209 Cook St Waterbury**

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

**24 yrs.**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21d TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 1952**, to **October 1953**, that I last saw the deceased alive on **10-8-**, 1953, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

**A. Blackwell**

M. D.

23B. ADDRESS

**600 N. Arlington Ave.**

23C. DATE SIGNED

**10-16-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10/16/1953**

24C. NAME OF CEMETERY OR CREMATORY

**Mt Calvary Cem.**

24D. LOCATION (City, town, or county)

**Brooklyn Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington W. Blackwell, Jr.**

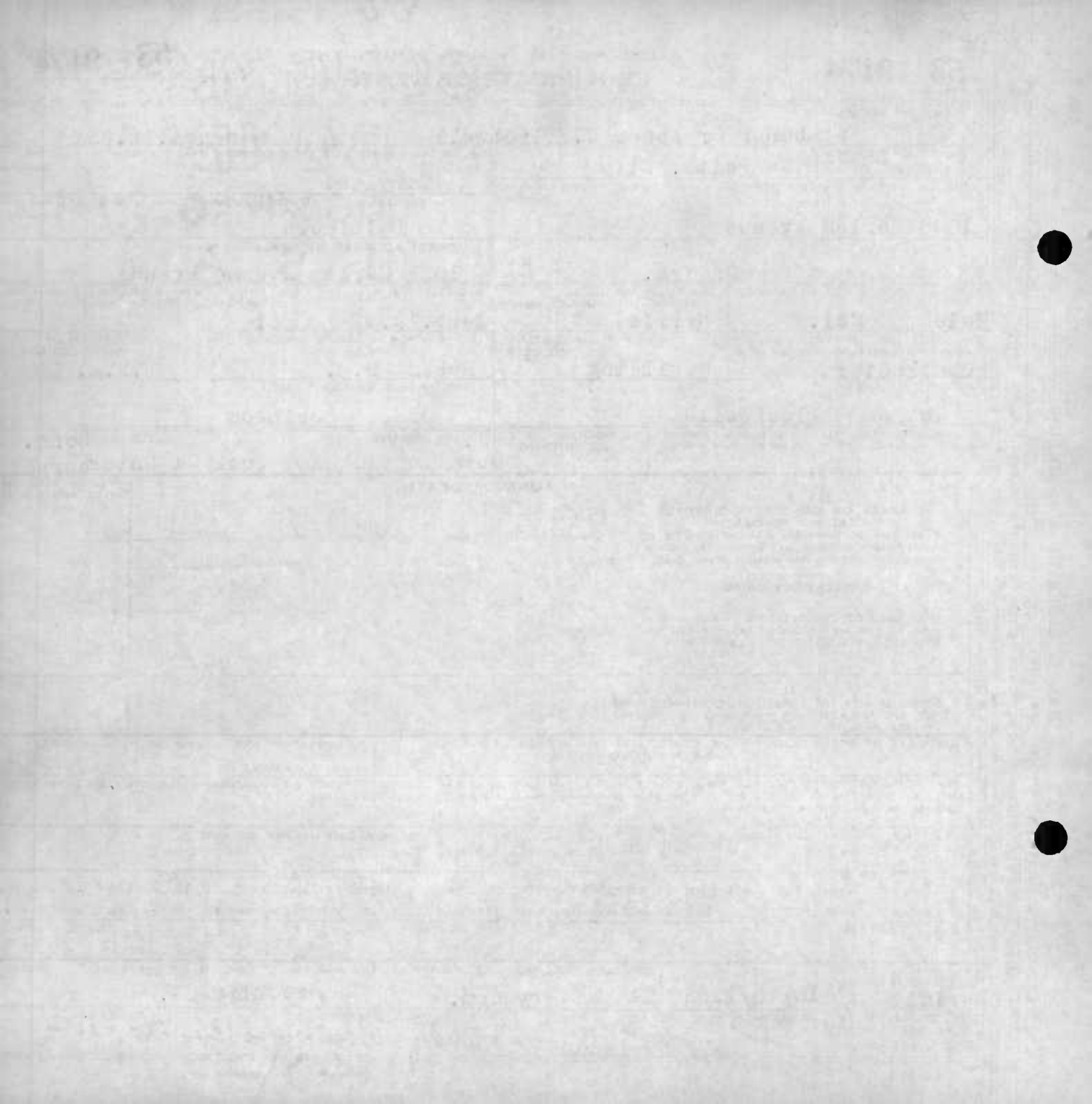
25. FUNERAL DIRECTOR

ADDRESS

**OCT 16 1953**

VS 150

**29024**





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Lola Aydelotte

2. DATE  
OF  
DEATH

Oct. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

815 North Gilmore Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

815 North Gilmore Street

C. Length of stay in Baltimore 29 Yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 26, 1907

9. AGE (in years  
last birthday)

45

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Charles Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Arthur Wheeler

14. MOTHER'S MAIDEN NAME

Mary Chese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Goldie Middleter Charles Co. Md.

18.

155X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Carcinoma of liver

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

?

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Carcinoma

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1953 to Oct. 14, 1953, that I last saw the  
deceased alive on Oct. 13, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George McDonald

M. D.

23B. ADDRESS

844 N. Carey St. Baltimore

23C. DATE SIGNED

10/16/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/16/1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem.

24D. LOCATION (City, town, or county)

Arbutus Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

530

25. FUNERAL DIRECTOR

Elmer O. Wilson 1000 Brantley Ave

ADDRESS

See query reply in Document file

3-260

53 9176

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered 53 9176

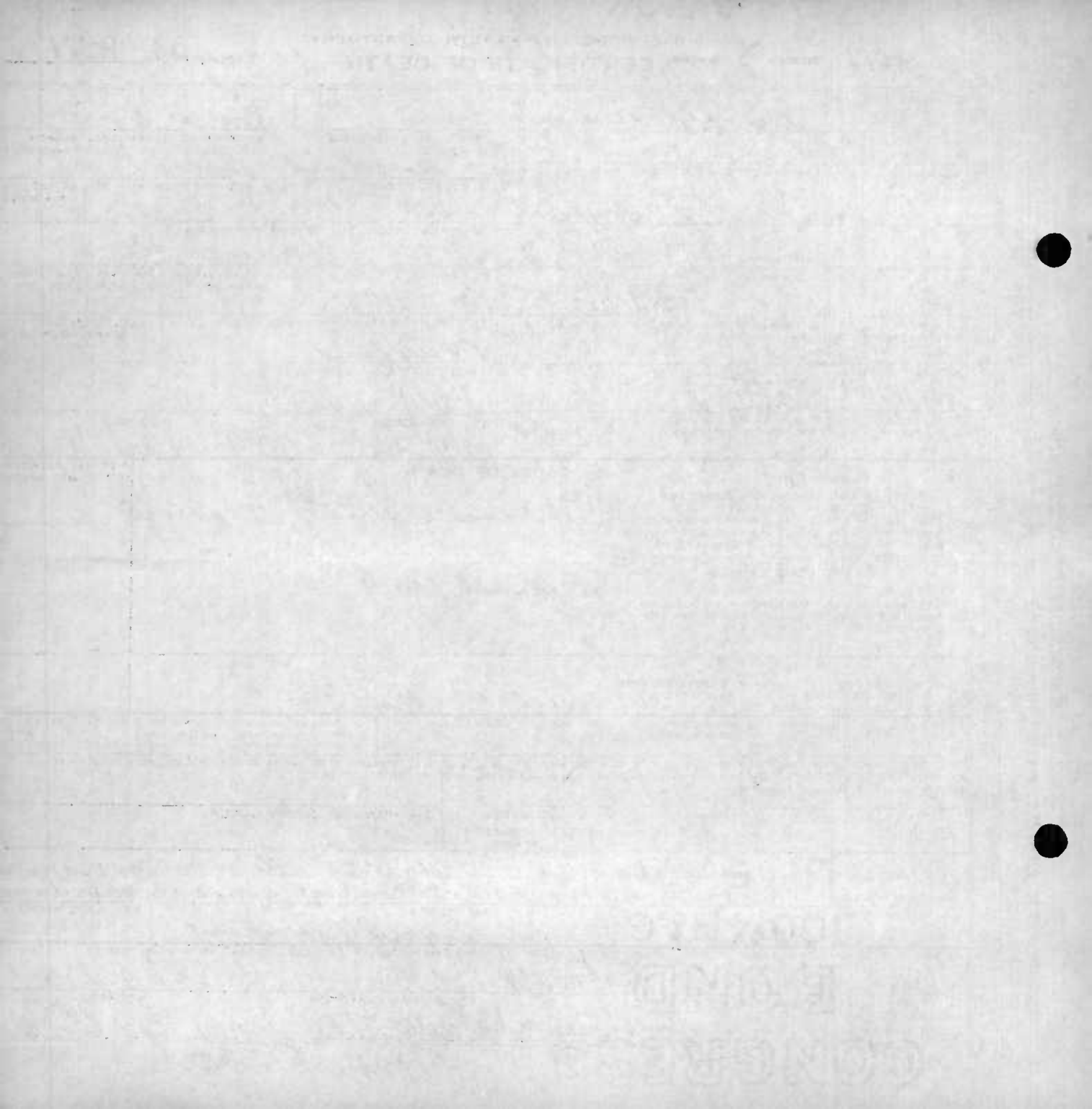
1. NAME OF DECEASED (Type or Print) <b>MARY ELLEN H. BAKER</b>		2. DATE OF DEATH <b>10/14/53</b>	
3. PLACE OF DEATH <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>BALT.</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>713 S. STAND ST.</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALT.</b>	
7. Length of stay in Baltimore <b>68</b>		8. STREET ADDRESS (If rural, give location) <b>713 S. Stand St</b>	
9. SEX <b>F</b>	10. COLOR OR RACE <b>NEGRO</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	12. DATE OF BIRTH <b>2/23/85</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE-WIFE</b>		14. AGE (In years last birthday) <b>68</b>	
15. FATHER'S NAME <b>HERMAN W. HENRY</b>		16. CITIZEN OF WHAT COUNTRY? <b>MD.</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		18. SOCIAL SECURITY NO. <b>17. INFORMANT</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>UREMIA</b>		20. INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>HYDRONEPHROSIS</b>		22. 6 MOS.	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ANEMIA</b>		24. 1 YR.	
25. DATE OF OPERATION <b>WONK</b>		26. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
27. DATE OF OPERATION <b>WONK</b>		28. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
29. DATE OF OPERATION <b>WONK</b>		30. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
31. DATE OF OPERATION <b>WONK</b>		32. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
33. DATE OF OPERATION <b>WONK</b>		34. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
35. DATE OF OPERATION <b>WONK</b>		36. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
37. DATE OF OPERATION <b>WONK</b>		38. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
39. DATE OF OPERATION <b>WONK</b>		40. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
41. DATE OF OPERATION <b>WONK</b>		42. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
43. DATE OF OPERATION <b>WONK</b>		44. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
45. DATE OF OPERATION <b>WONK</b>		46. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
47. DATE OF OPERATION <b>WONK</b>		48. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
49. DATE OF OPERATION <b>WONK</b>		50. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
51. DATE OF OPERATION <b>WONK</b>		52. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
53. DATE OF OPERATION <b>WONK</b>		54. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
55. DATE OF OPERATION <b>WONK</b>		56. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
57. DATE OF OPERATION <b>WONK</b>		58. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
59. DATE OF OPERATION <b>WONK</b>		60. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
61. DATE OF OPERATION <b>WONK</b>		62. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
63. DATE OF OPERATION <b>WONK</b>		64. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
65. DATE OF OPERATION <b>WONK</b>		66. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
67. DATE OF OPERATION <b>WONK</b>		68. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
69. DATE OF OPERATION <b>WONK</b>		70. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
71. DATE OF OPERATION <b>WONK</b>		72. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
73. DATE OF OPERATION <b>WONK</b>		74. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
75. DATE OF OPERATION <b>WONK</b>		76. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
77. DATE OF OPERATION <b>WONK</b>		78. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
79. DATE OF OPERATION <b>WONK</b>		80. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
81. DATE OF OPERATION <b>WONK</b>		82. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
83. DATE OF OPERATION <b>WONK</b>		84. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
85. DATE OF OPERATION <b>WONK</b>		86. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
87. DATE OF OPERATION <b>WONK</b>		88. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
89. DATE OF OPERATION <b>WONK</b>		90. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
91. DATE OF OPERATION <b>WONK</b>		92. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
93. DATE OF OPERATION <b>WONK</b>		94. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
95. DATE OF OPERATION <b>WONK</b>		96. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
97. DATE OF OPERATION <b>WONK</b>		98. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	
99. DATE OF OPERATION <b>WONK</b>		100. MAJOR FINDINGS OF OPERATION <b>ANEMIA</b>	

108 W. Montgomery St

THE  
RESEARCH  
IN  
PHYSICS  
OF  
MAN  
CENTRE  
FOR  
THE  
STUDY  
OF  
HUMAN  
FACTORS

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 917753 9177  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Myrtle M. Menton</u>		2. DATE OF DEATH <u>10-15-53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto.</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>9 years</u>		D. STREET ADDRESS (If rural, give location) <u>1719 Aberdeen Rd.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov. 7-1883</u>
9. AGE (In years last birthday) <u>69</u>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John D. Leather</u>		14. MOTHER'S MAIDEN NAME <u>Mary Senhart</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>John Menton</u>		ADDRESS <u>1719 Aberdeen Road</u>	
18. <u>465x gnd 760x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Pulmonary Artery Thrombosis</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Thural cysts</u> DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Diabetes Mellitus</u>			
19A. DATE OF OPERATION <u>2</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>10-11, 1953</u> to <u>10-15, 1953</u> , that I last saw the deceased alive on <u>10-14, 1953</u> , and that death occurred at <u>4:50 a.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>L. W. Elgin, Jr.</u>		23B. ADDRESS <u>University Hospital</u>	23C. DATE SIGNED <u>10-15-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Oct. 19-1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Meadowridge Mem Park</u>	24D. LOCATION (City, town, or county) (State) <u>Howard, Co. Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 16 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Horace F. Burgee</u>	ADDRESS <u>3231 Falls Road</u>





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9178

Registered No.

53 9178

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Malichia M. Mason

2. DATE  
OF  
DEATH

Oct. 12 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Lincoln Mem. Hosp.

C. CITY OR TOWN (If outside corporate limits, write full township)

Baltimore 12-04

D. STREET ADDRESS (If rural, give location)

208 E. 22nd St.

C. Length of stay in Baltimore

30 years

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 5, 1902

9. AGE (In years  
last birthday)

31

II Under 1 Year  
Months: DaysII Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Cheraw, S. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Lee Regues

14. MOTHER'S MAIDEN NAME

Rosa Little

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT  
Mr. George Mason  
208 E. 22nd St.

18. 421.4 and 260X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) Chronic valvular disease of  
heartINTERVAL BETWEEN  
ONSET AND DEATH

84 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

3 years

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1953 to October 12, 1953, that I last saw the  
deceased alive on Oct 11, 1953 and that death occurred at 9:52, m., from the causes and on the date stated above.

23A. SIGNATURE

Jedon R. J. Campbell

M. O.

23B. ADDRESS

639 N. Carey St. Baltimore, Md.

23C. DATE SIGNED

10-15-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 16 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Holliman, Jr.

25. FUNERAL DIRECTOR

Funeral Home

ADDRESS

1601 Druid Hill Ave.

OCT 16 1953

8.10.12

THE NEW YORK PUBLIC LIBRARY  
ASTOR LENOX TILDEN FOUNDATION

8.10.12

NEW YORK

1912

LIBRARY

NEW YORK

LIBRARY

NEW YORK

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NEW YORK

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NEW YORK

LIBRARY

NEW YORK

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9179

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MARTHA BROWN GORDON</b>			2. DATE OF DEATH <b>Oct. 14, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATES <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johns Hopkins Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>30 yrs</b>			D. STREET ADDRESS (If rural, give location) <b>723 Kirsch Court</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>3-30-84</b>	9. AGE (In years last birthday) <b>69</b>	10. Under 1 Year Months: Days: Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Jasper Johnson</b>			14. MOTHER'S MAIDEN NAME <b>Mary J. Cook</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Ida Duggs</b>			ADDRESS <b>434 Worsley St</b>		

18. **443 X I** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Hypertensive cardiovascular disease**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

**Joseph G. Jackson, Jr.**

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

**Oct. 15, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10-18-53**

24C. NAME OF CEMETERY OR CREMATORY

**Pleasant Rest**

24D. LOCATION (City, town, or county)

**Louison Md**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**OCT 16 1953**

REGISTRAR'S SIGNATURE

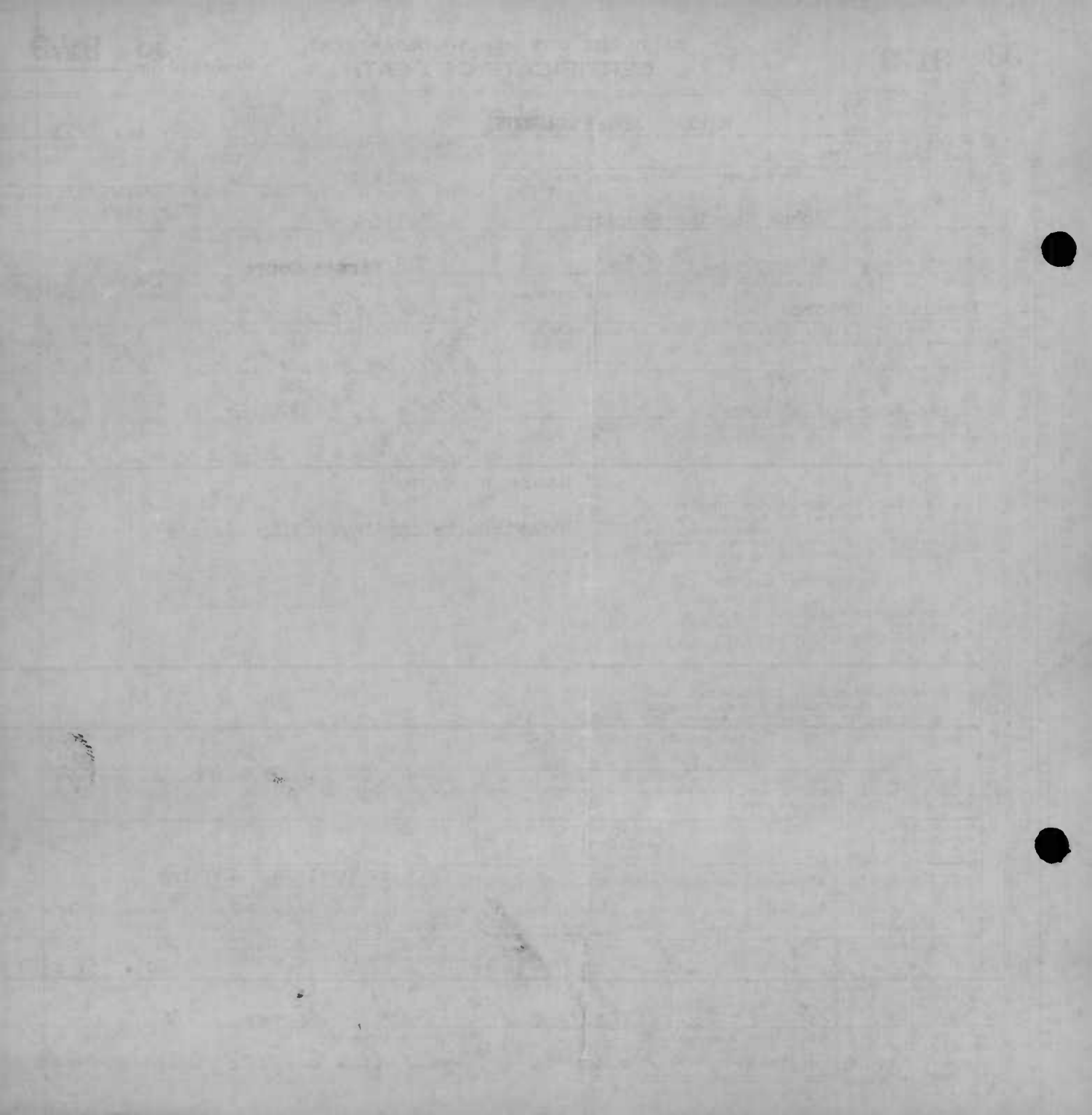
**Thurston H. Williams, M.D.**

25. FUNERAL DIRECTOR

**Raymond Sanders**

ADDRESS

**217 C Poston Street**



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9180**W-452  
53 9180  
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		TRACEY WILLIAMS		2. DATE OF DEATH October 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		A. STATE Maryland		B. COUNTY	
C. Length of stay in Baltimore 55' 412		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 2433 E. Biddle Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 29-16	9. AGE (in years last birthday) 37	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marion S.C.	
13. FATHER'S NAME Tracy Williams Sr		14. MOTHER'S MAIDEN NAME Mary M. Duffie		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT James Tracy	
				ADDRESS 704 1/2 Forrest St.	

18. E874.5 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chloral hydrate ingestion (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) gutter		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 276 Exeter Street 512	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found about 1:30 A. 10/13m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Chloral hydrate ingestion	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , <u>undetermined</u> <input checked="" type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jashinski		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED Oct. 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-16-53		24C. NAME OF CEMETERY OR CREMATORY U.S. Balto National Cem	
24D. LOCATION (City, town, or county) (State) Md		24E. REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR Byrner Sanders	
DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1953		ADDRESS 217 E. Preston St			
VS 151 N-9740 97099 217 E. Preston St					

0512 23

0512 23



D-120  
E-400  
9181BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9181

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Davis El

2. DATE  
OF  
DEATH

Oct. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2840 Ellicott Driveway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto. 16-07

5. Length of stay in Baltimore ?

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2840 Ellicott Driveway

6. SEX M 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH

8/12/70

9. AGE (In years last birthday) 82

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

USA

3. FATHER'S NAME

Andrew Davis

14. MOTHER'S MAIDEN NAME

?

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ruth Young 2840 Ellicott Driveway

18. 442X 1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cardio-Vascular Renal Disease

DUE TO

(C)

Chrom. Gastritis

INTERVAL BETWEEN ONSET AND DEATH

2 da

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 12, 1953, to Oct 14, 1953 that I last saw the deceased alive on 10/13, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm R Boykin

23B. ADDRESS

1133 N. Monroe St

23C. DATE SIGNED

10/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/15/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelton 2303 Presstman St.

Geo. G. Kelton

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1911

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

OCCUPATION

CAUSE OF DEATH

PERIOD OF ILLNESS

PREVAILING DISEASE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

MARRIAGE

RELIGION

PREVAILING DISEASE

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

OCCUPATION

CAUSE OF DEATH

PERIOD OF ILLNESS

PREVAILING DISEASE

DATE OF BIRTH

CAUSE OF DEATH

Infant

Infant

Infant

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

OCCUPATION

CAUSE OF DEATH

PERIOD OF ILLNESS

PREVAILING DISEASE

DATE OF BIRTH

C-636

9182

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9182

1. NAME OF DECEASED (Type or Print) <b>WILLIAM H CARTER.</b>		2. DATE OF DEATH <b>10-15-53</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>BALTIMORE.</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <b>MARYLAND.</b> b. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>651. PIERCE. ST</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
6. Length of stay in Baltimore <b>37</b>		d. STREET ADDRESS (If rural, give location) <b>651. PIERCE ST.</b>	
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>COL</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>?</b>	10. DATE OF BIRTH <b>5/6/1896</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		12. AGE (in years last birthday) <b>57.</b>	
13. FATHER'S NAME <b>SID CARTER. VA</b>		14. BIRTHPLACE (State or foreign country) <b>BOYCE. VA.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>YES W.W.#1. 7/30/18-7/17/19</b>		16. CITIZEN OF WHAT COUNTRY? <b>VA.</b>	
17. SOCIAL SECURITY NO. <b>---</b>		18. MOTHER'S MAIDEN NAME <b>? BARBER VA</b>	
19. INFORMANT <b>ELIZABETH CARTER. W. MULBERRY ST.</b>		20. ADDRESS <b>630</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Throat</b> DUE TO INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 4</b> , 19 <b>53</b> to <b>Oct 15</b> , 19 <b>53</b> that I last saw the deceased alive on <b>Oct 12</b> , 19 <b>53</b> and that death occurred at <b>10A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>W. Atwell Jones</b>		23B. ADDRESS <b>554 DOUGLASS AVE</b>	
23C. DATE SIGNED <b>10-16-53</b>			
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-19-53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>BALTO NAT CEMETRY</b>		24D. LOCATION (City, town, or county) (State) <b>BALTO MD</b>	
25. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 16 1953</b>		25. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
26. FUNERAL DIRECTOR <b>William J Jackson</b>		27. ADDRESS <b>916</b>	

7546M



W-426

3 9183

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9183

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. PLACE OF DEATH:

Baltimore City, Maryland

3. FULL NAME OF  
(If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

4. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. FATHER'S NAME

12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-53 to 10-15-53, that I last saw the  
deceased alive on 10-15-53, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,  
OR REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

OCT 16 1953

VS 150

7208A 1949 Edmundson

USMP

CC

JA S A

Page

DATE

VALLEY

CONFERENCE

REPORT



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 9184**

BIRTH NO.

 1. NAME OF DECEASED  
(Type or Print)

**BATZE, RANDLE G.**

 2. DATE  
OF  
DEATH

**10/15/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

**MD.**

B. COUNTY

before admission)

 B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

**MERCY HOSP. INC.**

C. CITY OR TOWN

**BALTIMORE**

(If outside corporate limits, write full location, and give township)

D. STREET ADDRESS (If outside corporate limits, give location)

**2137 MADISON AVE. #30**

c. Length of stay in Baltimore

 Yrs.  
Mos.  
Days

5. SEX

**M**

6. COLOR OR RACE

**W**

 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**M**

8. DATE OF BIRTH

**18 91**

 9. AGE (In years,  
last birthday)

**62**

 If Under 1 Year  
Months Days

 If Under 24 Hours  
Hours Min.

 10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**GLASS POLISHER**

 10B. KIND OF BUSINESS OR  
INDUSTRY

**GLASS**

11. BIRTHPLACE (State or foreign country)

**M.D.**

 12. CITIZEN OF  
WHAT COUNTRY?

**USA**

13. FATHER'S NAME

**JOHN BATZE**

14. MOTHER'S MAIDEN NAME

**Elizabeth Marshall**

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, if unknown) (If yes, give war or dates of service)

**NO**

 16. SOCIAL  
SECURITY NO.

**215 05-5853**

17. INFORMANT

**SELF**

ADDRESS

 18. **585x**

CAUSE OF DEATH

 INTERVAL BETWEEN  
ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

**CORONARY THROMBOSIS, ACUTE**
**? MIN.**

DUE TO

ANTECEDENT CAUSES

(B)

**CORONARY INSUFFICIENCY, MILD**

DUE TO

 DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

**CORONARY SCLEROSIS**

II

 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

**EMPHYSEMA, BRONCHIECTASIS**

19A. DATE OF OPERATION

**9/29/53 10/6/53**

 19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

**CHOLECYSTITIS**

 IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

 YES ☐ NO ☒

 21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

 21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

 21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

 21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **9/29**, 19**53**, to **10/15**, 19**53**, that I last saw the  
deceased alive on **10/15**, 19**53**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**Frank J. Henahan**

M. D.

23B. ADDRESS

**St. Mary's Hospital**

23C. DATE SIGNED

**10/16/53**

 24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

**OCT 19 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Burden Park**

24D. LOCATION (City, town, or county)

**Balto Md**

(State)

 DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

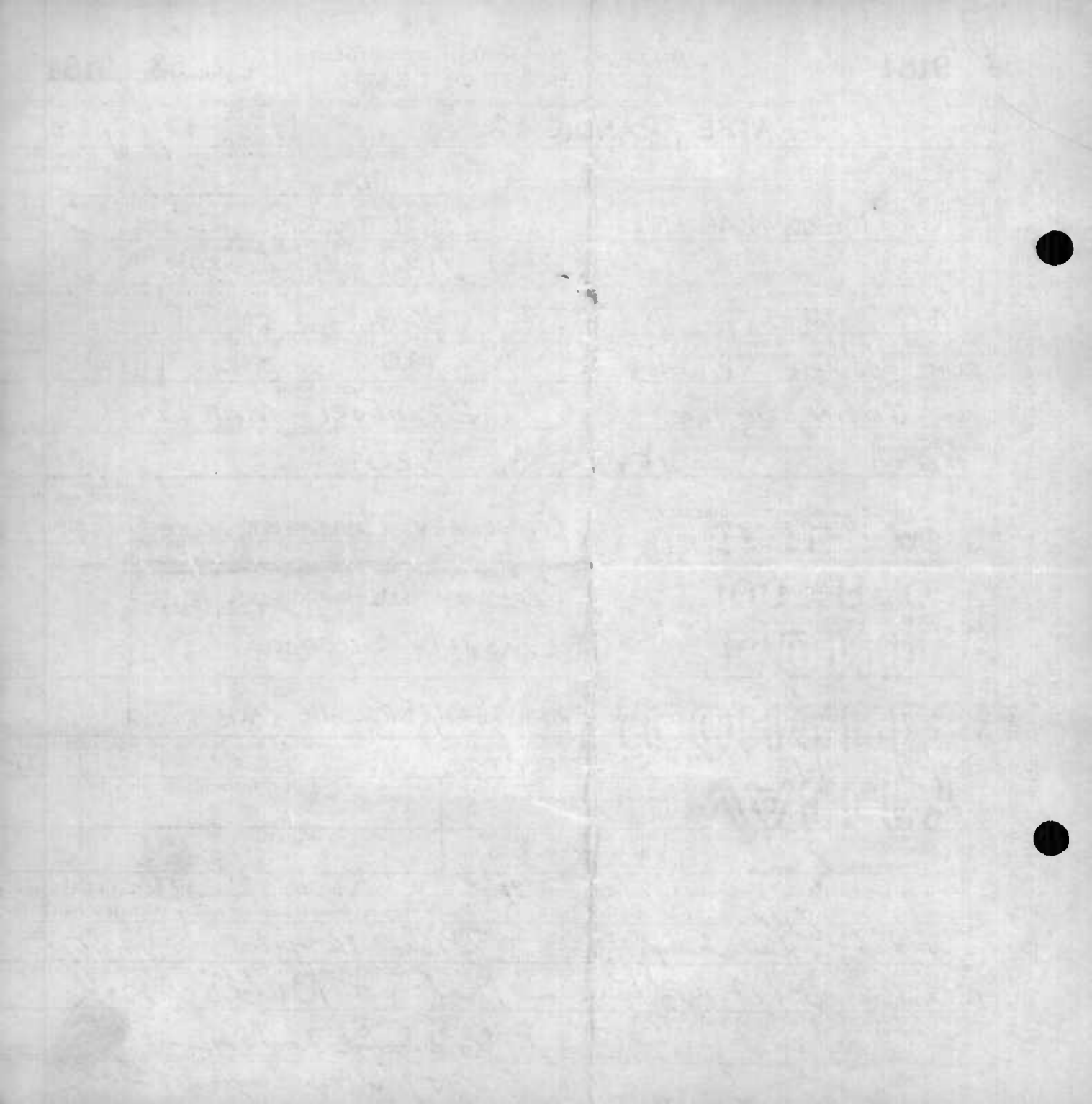
**10 OCT 16 1953**

25. FUNERAL DIRECTOR

**St. Edward Foulson**

ADDRESS

**69035 7359 Washington Blvd**



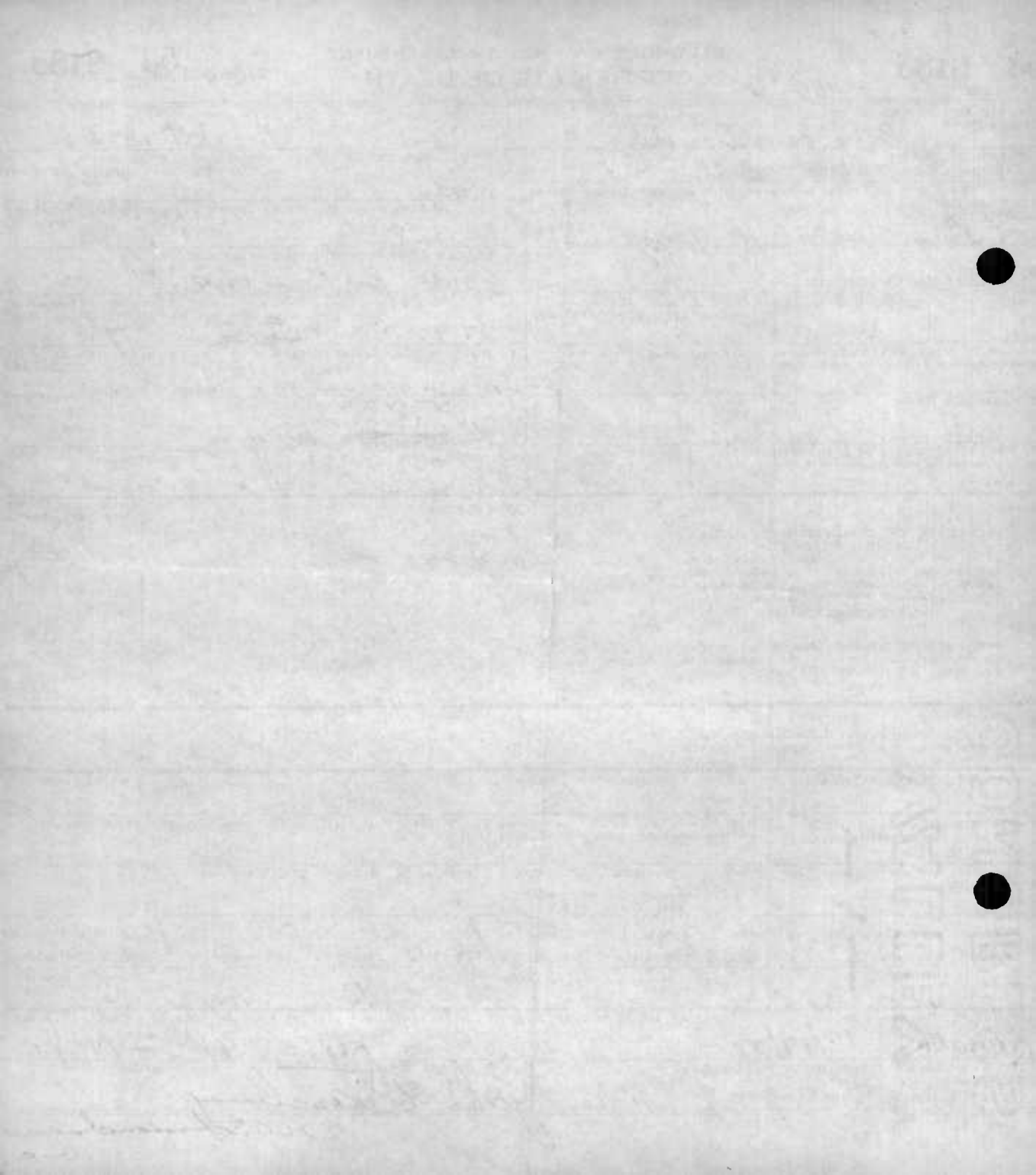
D-536

53 9185

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9185

1. NAME OF DECEASED (Type or Print) <i>Baby boy Donders</i>		2. DATE OF DEATH <i>Oct. 16. 53</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>Balto. Ind.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Lutheran Hospital of Maryland</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
7. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		8. STREET ADDRESS (If rural, give location) <i>6004 Bertram Ave. #14 Ind.</i>	
9. SEX <i>m.</i>	10. COLOR OR RACE <i>w.</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>s</i>	12. DATE OF BIRTH <i>Oct. 9. '53</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. AGE (in years) <i>months</i> If Under 1 Year: Months: Days: Hours: Min.	
15. FATHER'S NAME <i>Robert L. Donders</i>		16. BIRTHPLACE (State or foreign country) <i>Born on Arrival to Lutheran Hospital</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. CITIZEN OF WHAT COUNTRY? <i>VIRGINIA</i>	
19. SOCIAL SECURITY NO.		20. MOTHER'S MARDEN NAME <i>Burdy</i>	
21. INFORMANT <i>Robert L. Donders</i>		22. ADDRESS <i>Samuel</i>	
18. 776 X I CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Premature</i>	
ANTECEDENT CAUSES		(B) _____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 9</i> , 19 <i>53</i> to <i>Oct. 16</i> , 19 <i>53</i> that I last saw the deceased alive on <i>Oct. 16</i> , 19 <i>53</i> and that death occurred at <i>3:57</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Anna Ch...</i>		23B. ADDRESS <i>Lutheran Hospital</i>	
23C. DATE SIGNED <i>10/16/53</i>			
24A. BURIAL, CREMATION, OR REMOVAL (Specify) <i>REMOVAL</i>	24B. DATE <i>10/17/53</i>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <i>Galesville - N. Y.</i>
25. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 16 1953</i>	26. REGISTRAR'S SIGNATURE <i>John H. Stinson</i>	27. FUNERAL DIRECTOR <i>2700 8th Avenue</i>	



2-462  
9186

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9186

1. NAME OF DECEASED (Type or Print) Katherine D. Clark		2. DATE OF DEATH Oct. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 1906 Homewood Ave	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1906 Homewood Ave.		C. CITY OR TOWN (If outside corporate limits, write BUREAU, and give township) Baltimore, Md.	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1906 Homewood Ave.	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Sept. 1, 1890
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		12. AGE (In years last birthday) 63	
13. FATHER'S NAME John Butler		14. BIRTHPLACE (State or foreign country) Vermont	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. CITIZEN OF WHAT COUNTRY? ?	
17. SOCIAL SECURITY NO. -----		18. INFORMANT Edwin C. Clark	
19. ADDRESS 1906 Homewood Ave.		20. CAUSE OF DEATH Terminal Hypertension Coronary artery disease Atherosclerosis	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		22. INTERVAL BETWEEN ONSET AND DEATH	
23. DATE OF OPERATION 10/19/53		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?		32. I hereby certify that I attended the deceased from 6/15/53 to 10/12/53, that I last saw the deceased alive on 10/12/53, and that death occurred at 5:30 p. m. from the causes and on the date stated above.	
33. SIGNATURE L. J. [Signature]		34. ADDRESS 8902 Greenway Rd.	
35. DATE SIGNED 10/16/53		36. M. D.	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE 10/19/53	
39. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		40. LOCATION (City, town, or county) (State) Bristol, Vermont	
41. DATE RECEIVED BY LOCAL REGISTRAR OCT 16 1953		42. REGISTRAR'S SIGNATURE [Signature]	
43. FUNERAL DIRECTOR John A. Moran		44. ADDRESS 3000 E. Balto. st.	





S-530

03 9187

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9187

1. NAME OF DECEASED  
(Type or Print)

Joseph P. Smyth

2. DATE  
OF  
DEATH

10-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1000 Caton Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Jenkins Memorial Hosp.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE  
Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-05

D. STREET ADDRESS (If rural, give location)

6301 Eastern Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7-7-1880

9. AGE (In years  
last birthday)

73 yrs

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

? ? ?

10B. KIND OF BUSINESS OR  
INDUSTRY

? ? ?

11. BIRTHPLACE (State or foreign country)

Ireland.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Mathew Smyth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

? ?

16. SOCIAL  
SECURITY NO.

? ?

17. INFORMANT

ADDRESS

Mrs. Wm. H. Phillips -

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Aspirations - pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Lung cancer

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Oct. 15, 1953, that I last saw the  
deceased alive on 10-14, 1953, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Kerch N. Ochoa W.D. M.O.

23B. ADDRESS

St. Agnes' Hospital

23C. DATE SIGNED

10-15-53.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/17/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 9/15/53

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St.

1010 8.

RECEIVED  
FEBRUARY 10 1964

1010 8.



P-612

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9188**

1. NAME OF DECEASED Type or Print) <b>Nicholas J. Prebish</b>		2. DATE OF DEATH <b>Oct. 15-53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3635 Edmondson Ave.</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. Length of stay in Baltimore <b>25 years</b>		8. STREET ADDRESS (If rural, give location) <b>3635 Edmondson Avenue</b>	
9. SEX <b>Male</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. DATE OF BIRTH <b>Aug. 10, 1883</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Tailor</b>		14. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	15. AGE (In years last birthday) <b>70</b>
16. FATHER'S NAME <b>Jacob Prebish</b>		17. BIRTHPLACE (State or foreign country) <b>Lachowicze Russia</b>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		19. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
20. SOCIAL SECURITY NO. <b>215-16-5087</b>		21. MOTHER'S MAIDEN NAME <b>***** Unknown</b>	
22. INFORMANT <b>Elizabeth P. Shipley</b>		23. ADDRESS	
24. CAUSE OF DEATH <b>3635 Edmondson Avenue</b>			
25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary artery disease</b>			
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. DATE OF OPERATION		29. MAJOR FINDINGS OF OPERATION	
30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		34. HOW DID INJURY OCCUR?	
35. TIME (Month) (Day) (Year) (Hour) OF INJURY		36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
37. I hereby certify that I attended the deceased from <b>Sept 1948</b> , to <b>1953</b> , that I last saw the deceased alive on <b>4/1/53</b> , and that death occurred at <b>11</b> m., from the causes and on the date stated above.			
38. SIGNATURE <b>Matthew J. Shaddock</b>		39. ADDRESS	
40. DATE SIGNED			
41. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		42. DATE <b>Oct. 19, 1953</b>	
43. NAME OF CEMETERY OR CREMATORY <b>Meadowridge</b>		44. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
45. REGISTRAR'S SIGNATURE <b>Matthew J. Shaddock</b>		46. FUNERAL DIRECTOR <b>Ellsworth Armacost</b>	
47. ADDRESS <b>4600 LIBERTY HEIGHTS AVENUE</b>			

STATE OF NEW YORK  
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9189  
Registered No.

T-620 9189 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 9189 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>WILLIAM SPENCER TRACEY</b>			2. DATE OF DEATH <b>October 14, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Towson</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>8543 Chestnut Oak Road</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 28, 1914</b>		9. AGE (In years last birthday) <b>39</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Sheet Metal Prod. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Samuel Tracey</b>			14. MOTHER'S MAIDEN NAME <b>Ada Virginia Hedrick</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>216-10-5466</b>		17. INFORMANT ADDRESS <b>Mrs. M. Elizabeth Tracey, Towson, Md.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b> (A) <b>NO EXCESS</b> ANTECEDENT CAUSES (B) <b>Hypertensive cardiovascular disease</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <b>QUE TO</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William C. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 14, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 17, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Jessop's Methodist Cem.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1953</b>		24D. LOCATION (City, town, or county) (State) <b>Cockeysville, Balto. Co., Md.</b>		25. FUNERAL DIRECTOR ADDRESS <b>John Burns &amp; Sons, Towson, Maryland</b>	





4-240  
9190BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9190

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Mr. William D. Haskell

2. DATE  
OF  
DEATH

10/16/53

PLACE OF DEATH:

Baltimore City, Maryland Yes

FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2112 W. Fayette St, Balto-23-Md.

Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
DaysSEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
6/18/18889. AGE (In years  
last birthday)  
6510 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Upholsterer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

P

Haskell

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

NONE

16. SOCIAL  
SECURITY NO.

215-09-7947

17. INFORMANT

ADDRESS

Adelaide Haskell 2112 W. Fayette St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) DO  
DUE TO

right lower lobe

lobar pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

Acute

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DO  
DUE TO  
(C) DO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13/53 to 10/16/53, 1953, that I last saw the  
deceased alive on 10/16/53, 1953 and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George H. H. H.

M. D.

Bon Secours Hospital 10/16/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25A. RECEIVED BY  
LOCAL REGISTRAR

25B. REGISTRAR'S SIGNATURE

25C. FUNERAL DIRECTOR

ADDRESS

JCT 17 1953

Huntington

G. L. Schwab 2101 Frederick Ave.

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of \_\_\_\_\_

City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_

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S-452

9191

RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9191

NAME OF DECEASED  
(Type or Print)

SHILLING HENRY

2. DATE  
OF  
DEATH

10/14-53.

PLACE OF DEATH:

Baltimore City, Maryland *Baltimore, Md.*

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION *Francis Square Hospital*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE *Maryland.* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore* *20-04*

D. STREET ADDRESS (If rural, give location)

*44 S. Pulaski St.*

Length of stay in Baltimore

*60* Yrs.  
Mos.  
Days

SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

*Married.*

8. DATE OF BIRTH

*Jan 20 1880*

9. AGE (In years last birthday)

*73*

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

*Unemployed.*

10B. KIND OF BUSINESS OR INDUSTRY

*Cake Baker*

11. BIRTHPLACE (State or foreign country)

*Germany*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

FATHER'S NAME

*SHILLING.*

14. MOTHER'S MAIDEN NAME

*Unknown*

C. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

*none**none*

16. SOCIAL SECURITY NO.

*217-09-8649*

17. INFORMANT

ADDRESS

*Miss Olga Schilling 44 S. Pulaski St.*18. *4-1-1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Arter. C.V. disease*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cong. heart failure.*

DUE TO

(C) *Anemia.*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from *10-14*, 19*53*, to *10-14*, 19*53*; that I last saw the deceased alive on *10/14*, 19*53*, and that death occurred at *3:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

*D. J. Chimmel*

M. D.

23B. ADDRESS

*Francis Square Hospital*

23C. DATE SIGNED

*10/14/53*

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

*October 17-53*

24C. NAME OF CEMETERY OR CREMATORY

*St Paul Lutheran*

24D. LOCATION (City, town, or county)

*Baltimore Md.*

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1953 *Huntington, Baltimore, Md. George S. Schwab 2101 Frederick Ave*

50044



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-521  
53 9192BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9192

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ginsberg, Rebecca</i>		2. DATE OF DEATH <i>10-16-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Mass.</i> B. COUNTY <i>V-18</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Boston (Sharon)</i>			
C. Length of stay in Baltimore <i>12 days</i>		D. STREET ADDRESS (If rural, give location) <i>41 Berkshire Avenue</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>June 9, 1889</i>	9. AGE (In years, last birthday) <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Adon Kopper</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Harry Ginsberg Flannery Lane</i>	
18. <i>420.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>11 days</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>cardiac failure</i>			
DUE TO		(B) <i>coronary thrombosis</i>			
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-7-1953</i> to <i>10-16-1953</i> , that I last saw the deceased alive on <i>10-16-1953</i> , and that death occurred at <i>2:00 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert W. Ireland</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>10-16-53</i>	
24A. FUNERAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Oct 18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Boston Maus</i>	
24D. LOCATION (City, town, or county) (State) <i>Boston Mass.</i>		25. FUNERAL DIRECTOR <i>Huntington Hill, Rt. 1, Sol. Lewman &amp; Bros</i>		ADDRESS <i>1126 W. North ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 17 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Hill, Rt. 1, Sol. Lewman &amp; Bros</i>		25. FUNERAL DIRECTOR <i>Huntington Hill, Rt. 1, Sol. Lewman &amp; Bros</i>	

9018 44



B-622

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9193

BIRTH NO. 9193

1. NAME OF DECEASED  
(Type or Print)

Eleanor Burgess

2. DATE  
OF  
DEATH

October 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Lincoln Hospital

C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give  
township)

Baltimore 18-02

C. Length of stay in Baltimore

50— Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

308 N Schwaben St.

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Dec 3 1888 74

9. AGE (in years,  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Green

14. MOTHER'S MAIDEN NAME

Mary?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

Stella Mitchell 5307 N. Belmar

18. 443 x 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardio-  
Vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

Hypertension

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.Generalized Arterio  
Sclerosis

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1953, to 10-15, 1953, that I last saw the  
deceased alive on 10-13, 1953 and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Waller Shennedy Jr.

M. D.

23B. ADDRESS

2301 Harlem Ave

23C. DATE SIGNED

10-15-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

B

24B. DATE

10-17-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore City

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr.

OCT 17 1953

VS 150

88/B 86

88/B 86

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3 9194

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9194  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Bertha Jackson

2. DATE  
OF DEATH  
10-12-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, give RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

920 North Monroe Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

70

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Deceased

14. MOTHER'S MAIDEN NAME

Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
B.C.H. 4940 Eastern Avenue (records)

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pulmonary Edema

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 - 1 - 1953 to 10 - 12 - 1953 that I last saw the  
deceased alive on 10-12-1953, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

478

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-12-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

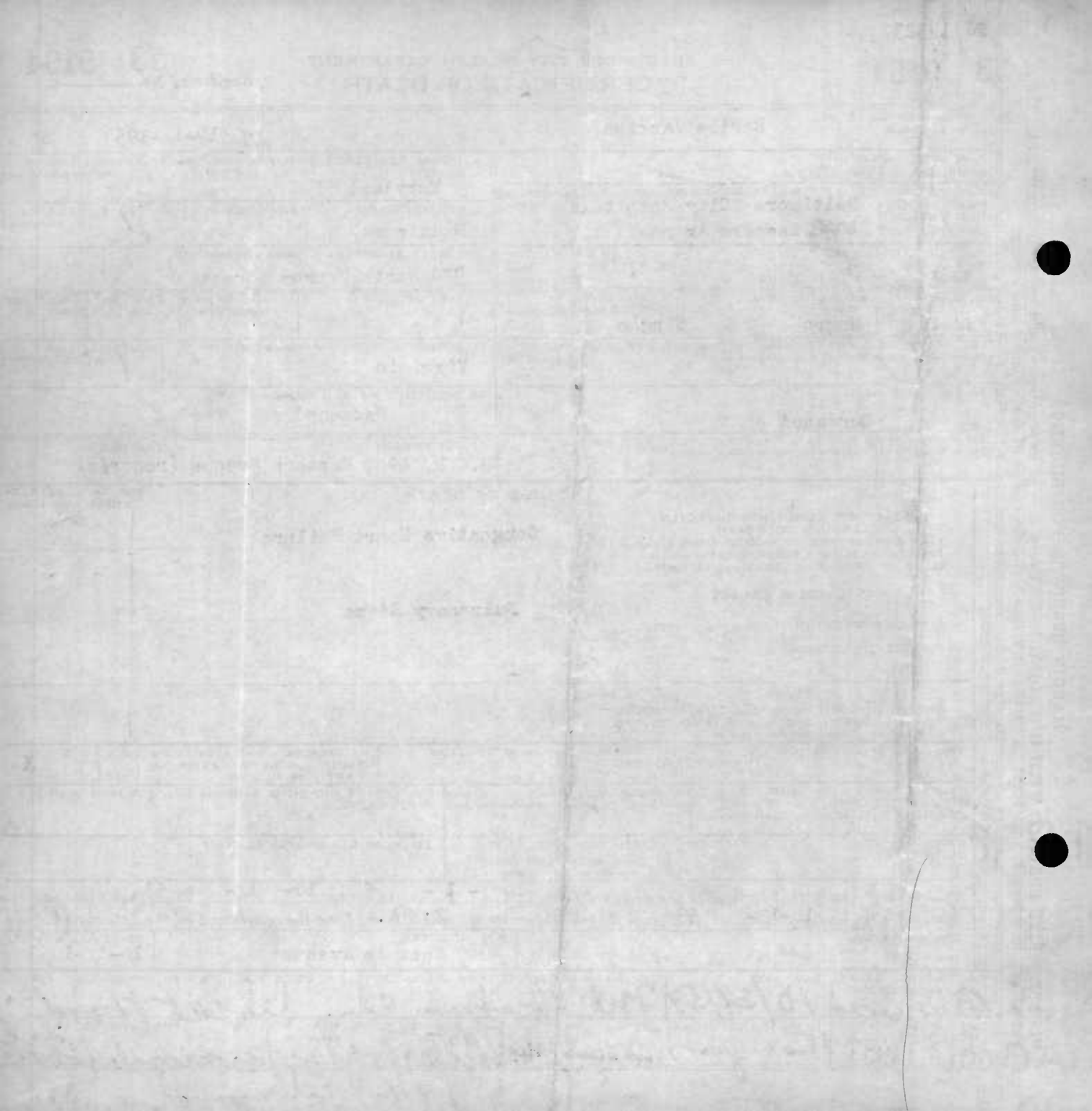
ADDRESS

OCT 17 1953

Huntington

Metropolitan Funeral Home

226



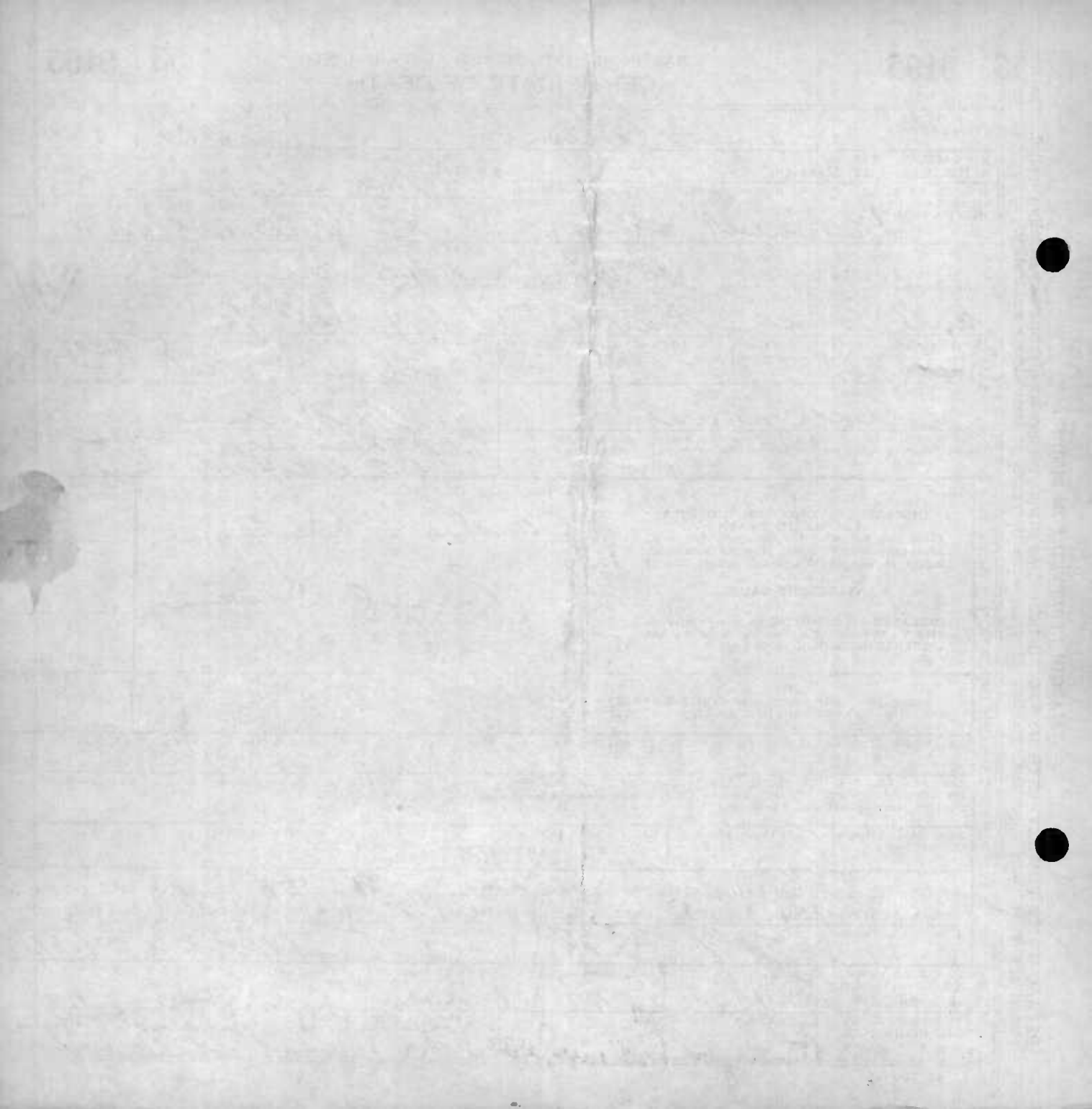
53

9195

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9195

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Davis</i>		2. DATE OF DEATH <i>Oct. 13, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>54</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hosp.</i>		D. STREET ADDRESS (If rural, give location) <i>445 Oxford Ct.</i>		E. AGE (In years last birthday) <i>72</i>	
C. Length of stay in Baltimore <i>130 years</i>		F. DATE OF BIRTH <i>Feb. 14, 1881</i>		G. AGE (In years last birthday) <i>72</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>		H. UNDER 1 Year Months: Days: Hours: Min.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		I. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		J. KIND OF BUSINESS OR INDUSTRY	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. NEORMAN <i>Mr. Rannie Davis</i> ADDRESS <i>445 Oxford Ct.</i>	
18. <i>442X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Cardio-vascular</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Renal Disease</i>			
(C)					
II OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>Dec. 1952</i> to <i>Oct. 1953</i> , that I last saw the deceased alive on <i>10/13</i> , 1953, and that death occurred at <i>1:00</i> m., from the causes and on the date stated above.		23A. SIGNATURE <i>J. R. Sullivan, M. O.</i>	
23B. ADDRESS <i>2033 Sunnyside E</i>		23C. DATE SIGNED <i>10/17/53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>Oct. 17, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 17 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>1631 Sunnyside Hill Ave</i>	





D-263

53 9196

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9196

BIRTH NO. 49-19997

1. NAME OF DECEASED  
(Type or Print)

EDWARD DAUGHERTY

2. DATE  
OF  
DEATH

10-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE  
MD.

B. COUNTY

BALT.

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

KERNAN HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CATONSVILLE

D. STREET ADDRESS (If rural, give location)

304 MAIDEN CHOICE LANE.

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

9-19-49

9. AGE (In years last birthday)

4

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

LEWIS DAUGHERTY

14. MOTHER'S MAIDEN NAME

EVELYN MANLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. E916.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) 3RD DEGREE BURNS

DUE TO

(C) Joseph A. Jankins

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

ACCIDENT

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

IN HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

IN HOME

21D. TIME (Month) (Day) (Year) (Hour)

8-25-53 9:20A.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

CAUGHT CLOTHING ON FIRE PLAYING WITH MATCHES

22. I hereby certify that I attended the deceased from 9-24, 1953, to 10/16, 1953, that I last saw the deceased alive on Oct. 16, 1953, and that death occurred at 1:23 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

3301 N. Charles St.

10/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10/19/53

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

CATONSVILLE, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1953

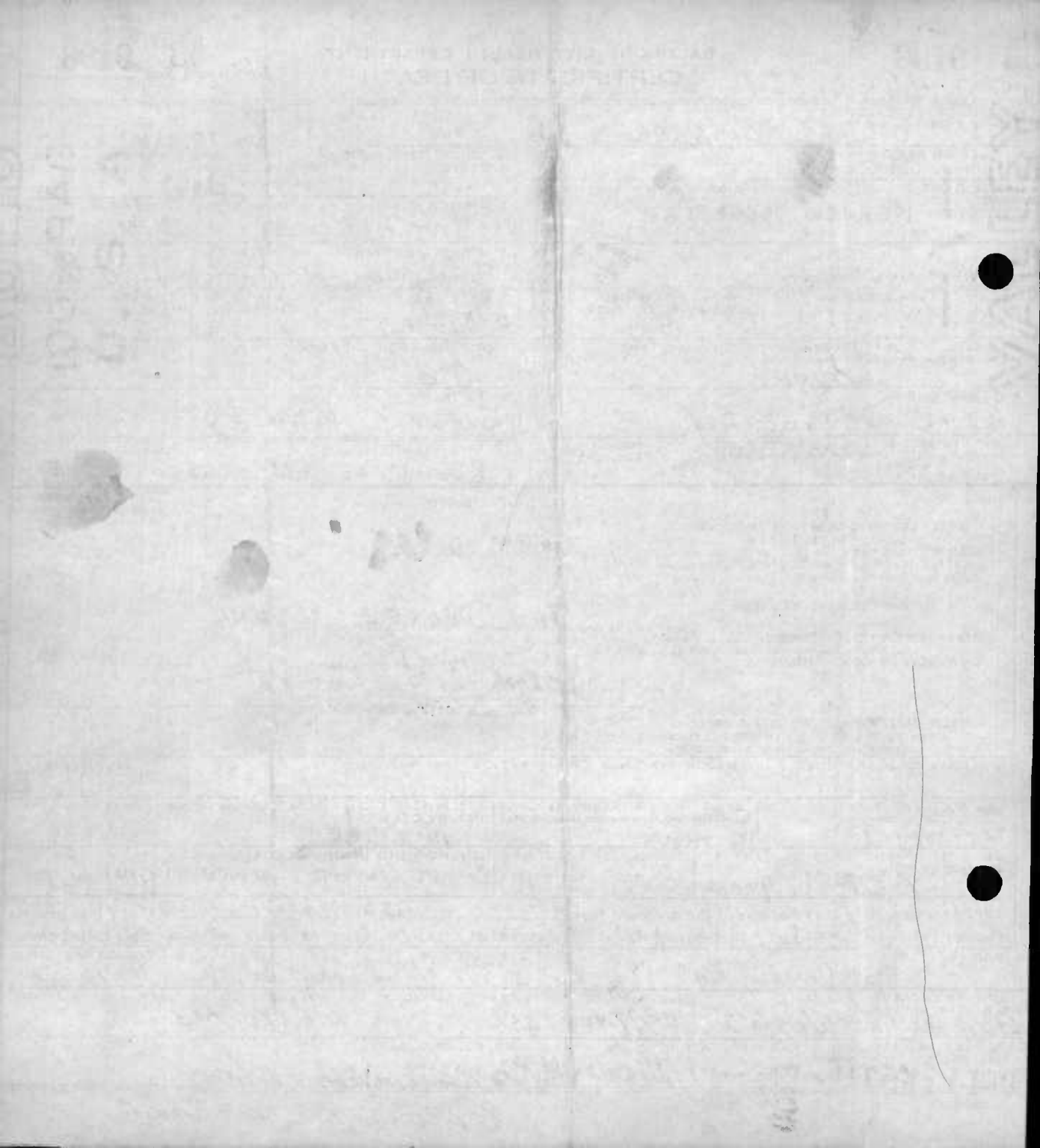
Huntington Williams, M.D. &amp; Son

VS 150

N-949.2

Catonville 28 Md.

MEDICAL CERTIFICATION



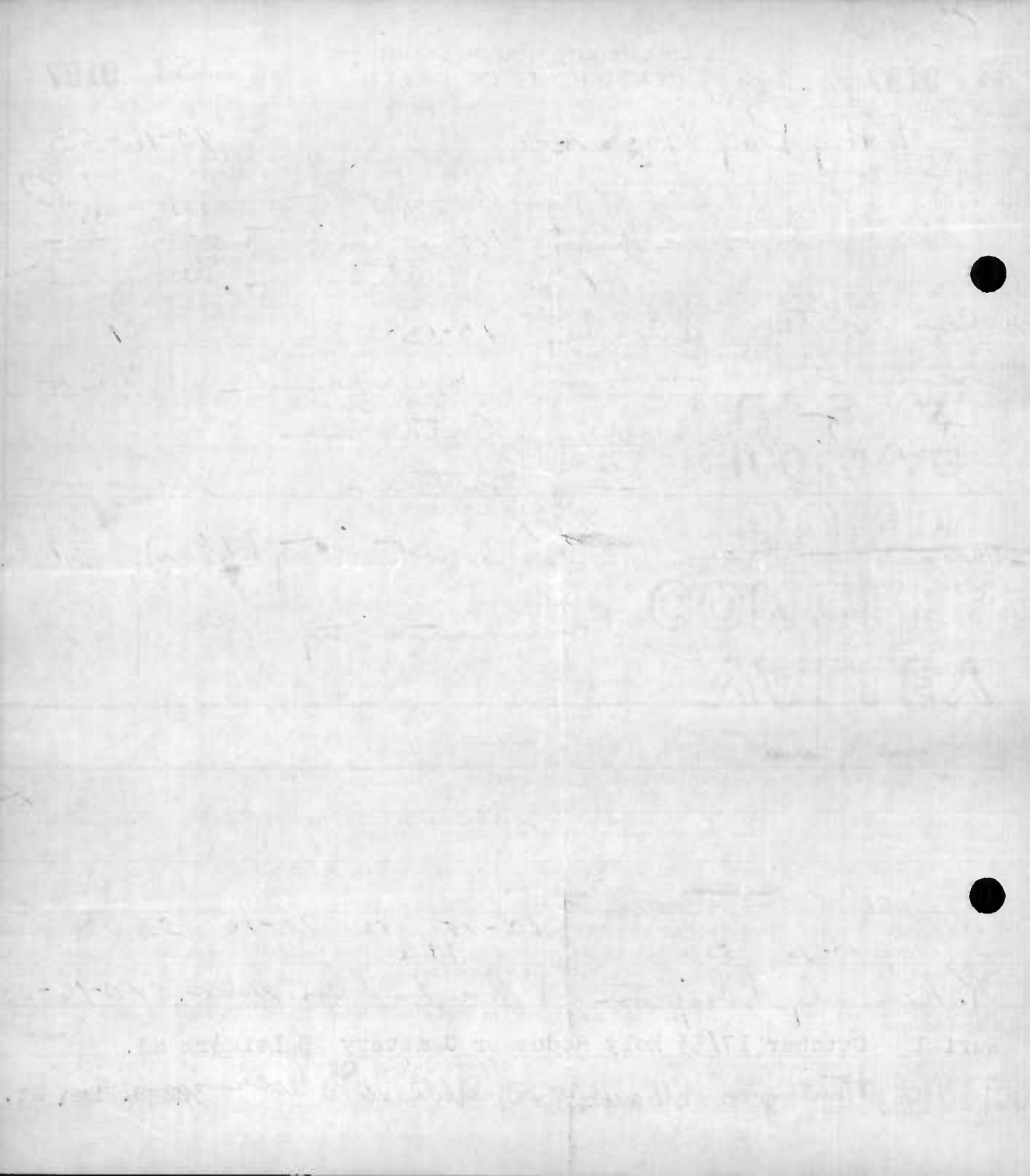
M-216

53 9197 53-25339

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9197

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Magavero</b>		2. DATE OF DEATH <b>10-16-53</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>26-10</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>114 S. Clinton</b>	
6. Length of stay in Baltimore <b>Yrs. Mos. Days</b>		D. STREET ADDRESS (If rural, give location) <b>Baltimore, Maryland</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>10-15-53</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		12. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
13. FATHER'S NAME <b>Anthony T. Magavero</b>		14. MOTHER'S MAIDEN NAME <b>Catherine</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Father</b>		ADDRESS <b>same</b>	
18. <b>776x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Prematurity (6 1/2 mos)</b> CAUSE OF DEATH <b>Immaturity</b> INTERVAL BETWEEN ONSET AND DEATH <b>30 hrs</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-15, 1953</b> to <b>10-16, 1953</b> that I last saw the deceased alive on <b>10-16, 1953</b> , and that death occurred at <b>11 am.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>H. Kennedy Whiston</b>		23B. ADDRESS <b>Maryland Gen. Hosp.</b>	
23C. DATE SIGNED <b>10-16-53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>October 17/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
25. LOCAL REGISTRAR <b>OCT 17 1953</b>	26. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	27. FUNERAL DIRECTOR <b>Frank Keller</b>	28. ADDRESS <b>322 S. High St.</b>

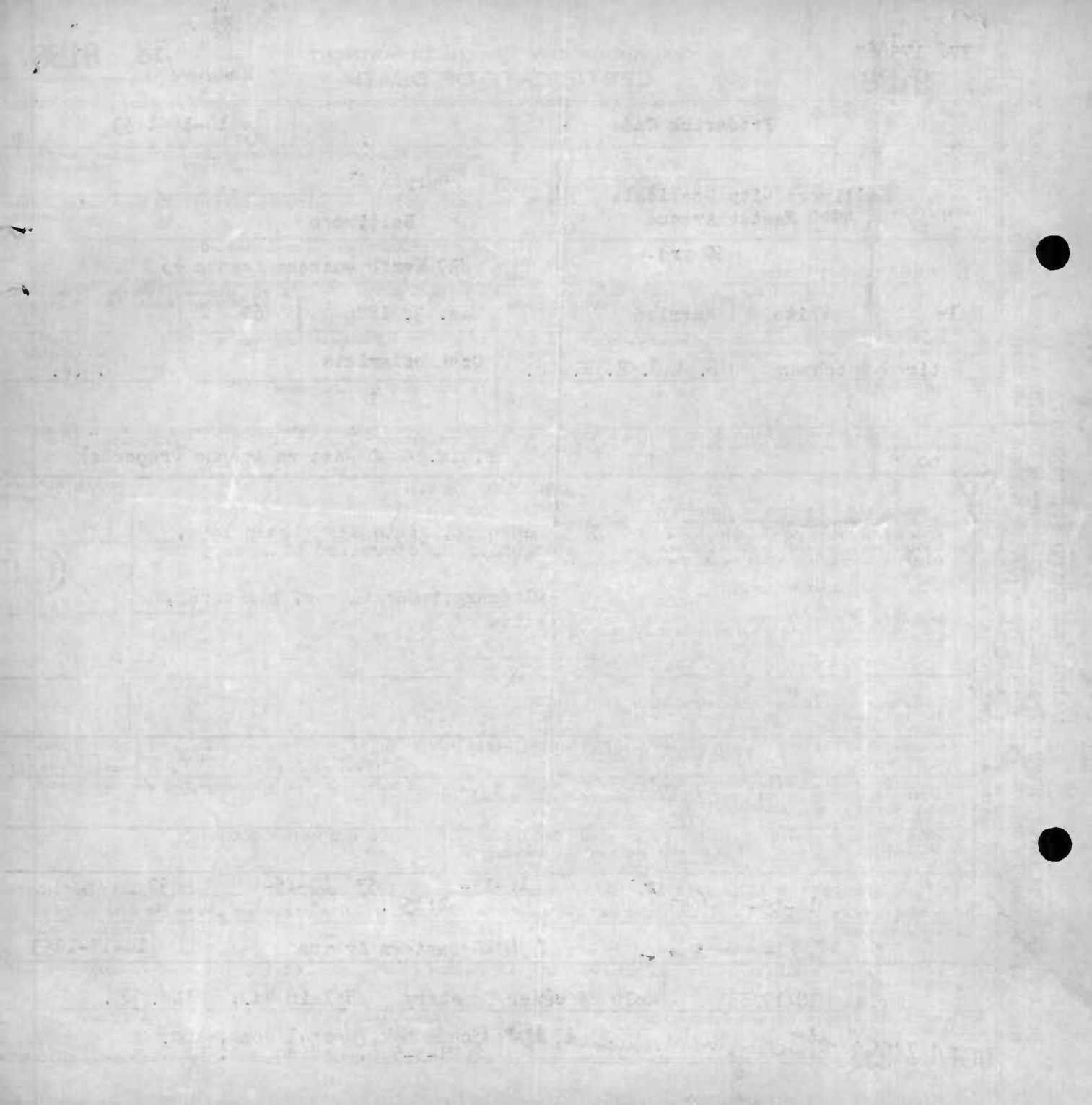


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9198C-300  
FWJ 175667  
53 9198

1. NAME OF DECEASED (Type or Print) <b>Frederick Cada</b>			2. DATE OF DEATH <b>10-15-1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>50 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>839 North Luzrene Avenue #5</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 3, 1886</b>	9. AGE (In years last birthday) <b>67</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired watchman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B. &amp; O. R. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Czechoslovakia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>B.C.H. 4940 Eastern Avenue (records)</b>	
18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia, acute left lower lobe, organism undetermined with empyema</b> DUE TO (A) <b>Pulmonary tuberculosis, bilateral, active</b> DUE TO (B) <b>active</b> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-13-1953</b> , to <b>10-15-1953</b> , that I last saw the deceased alive on <b>10-15-1953</b> , and that death occurred at <b>2:15 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>H. J. ...</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>10-15-1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/19/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Belair Rd., Balto. Md.</b>		24E. FUNERAL DIRECTOR <b>Schmunk Funeral Home, Inc.</b>		24F. ADDRESS <b>2601-3-5 E. Madison St.</b>	

OCT 17 1953  
VS 150

763.50





Z-565

53 9199

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9199

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Hallie Zimmerman</i>		2. DATE OF DEATH <i>10-16-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Fredrick</i>		C. CITY OR TOWN <i>Walkersville</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>37 Mercy Hospital Inc.</i>		D. STREET ADDRESS (If rural, give location) <i>None</i>		<i>60-00</i>	
c. Length of stay in Baltimore <i>20</i> Yrs. Mos. Days		5. SEX <i>F</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>12-10-01</i> 9. AGE (In years, last birthday) <i>51</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>George Wallis Zimmerman</i>		14. MOTHER'S MAIDEN NAME <i>Ella Rodewick</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Ray Zimmerman, Walkersville Md</i> ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>157X</i> <i>Primary Carcinoma of Head of Pancreas with Generalized Metastases</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>9-26-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Metastatic Carcinoma of Spinal Cord</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-12</i> , 19 <i>53</i> to <i>9-16</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9-16</i> , 19 <i>53</i> , and that death occurred at <i>5 PM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas J. Jones</i> M. D.		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>10-16-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct 19.</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Glade</i>	
24D. LOCATION (City, town, or county) <i>Walkersville Md</i>		24E. LOCATION (State) <i>Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 17 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>G. C. Barton</i> ADDRESS <i>Walkersville, Md</i>	

*[Faint, mostly illegible handwritten text, likely bleed-through from the reverse side of the page. Some words like "The following" and "information" are faintly visible.]*

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9200M-445  
53 9200 *Non Res.*

1. NAME OF DECEASED (Type or Print) <b>JOSEPH MULHOLLAND</b>		2. DATE OF DEATH <b>10-17-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Franklin Square Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 19-03</b>	
c. Length of stay in Baltimore <b>2 weeks</b>		D. STREET ADDRESS (If rural, give location) <b>106 So. Carey St</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>9/22/53</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>child</b>	9. AGE (In years last birthday) <b>25</b>
13. FATHER'S NAME <b>Thomas J. Mulholland</b>		11. BIRTHPLACE (State or foreign country) <b>Annapolis Md</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Eileen A. Platzke</b>	
17. INFORMANT <b>Mrs. Thomas J. Mulholland</b>		ADDRESS <b>106 So. Carey St</b>	

18. **763.0**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## CAUSE OF DEATH

(A) **INTERSTITIAL PNEUMONITIS**

DUE TO

## ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **AUTOPSY** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Joseph G. Jackson** M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

**10-17-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 17 1953

**Thurston Williams****John J. Cavan & Son**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 9201

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9201  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sara Theodoran

2. DATE  
OF  
DEATH

Oct. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Oslor 3

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

Md.

B. COUNTY

7-07

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13

D. STREET ADDRESS (If rural, give location)

1824 Harford ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Aspiration pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Diabetic neuropathy  
Diabetes mellitus

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9-1953 to 10-17-1953, that I last saw the  
deceased alive on 10-17-1953 and that death occurred at 9:55 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry H. Wagner Jr.

JOHNS HOPKINS HOSPITAL

10/17/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal 10/18/53

Chester Rural Cmt.

Chester Pa

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

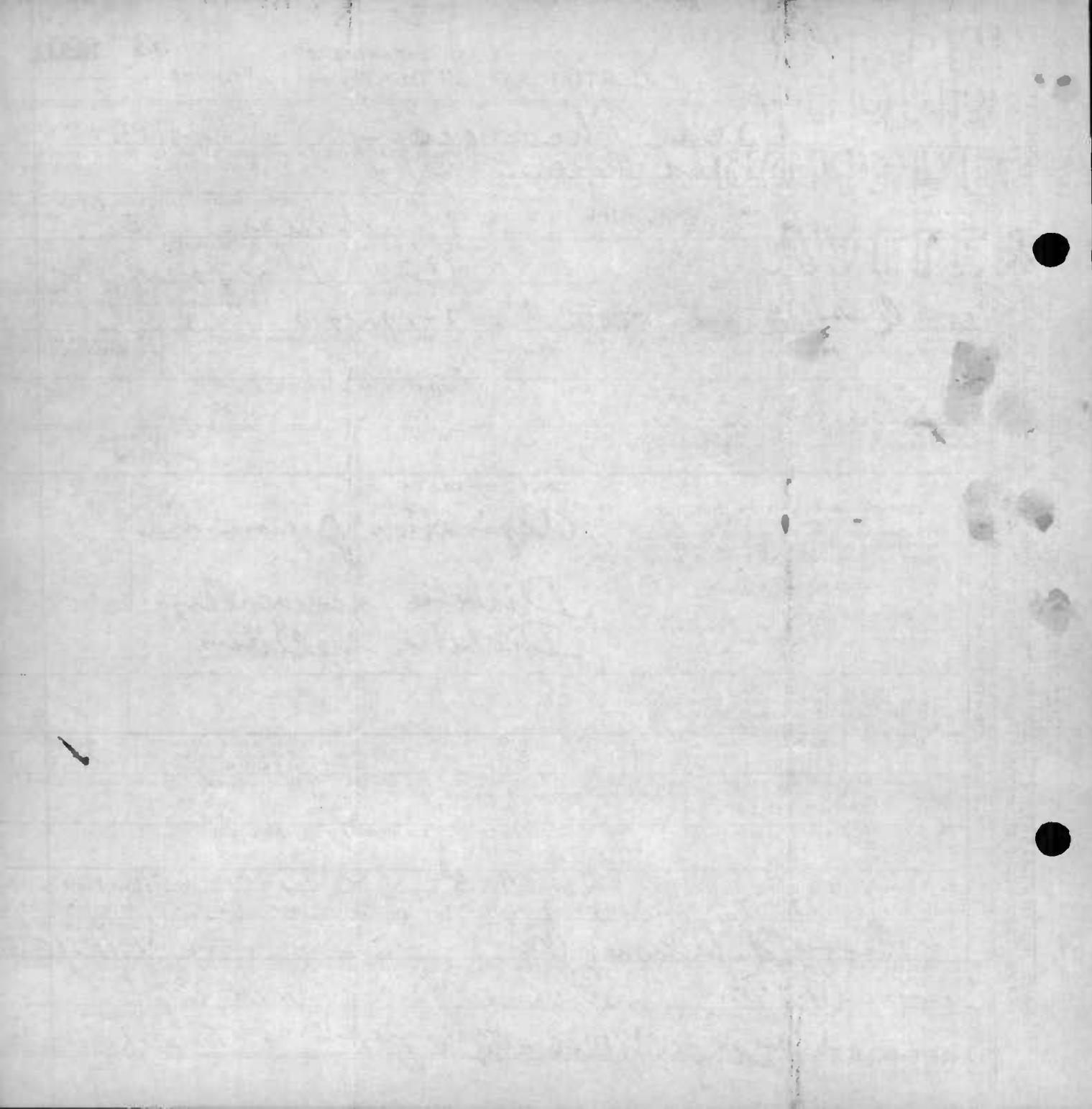
25. FUNERAL DIRECTOR

ADDRESS

OCT 18 1953

Huntington Williams

Wm. J. Dickner 1801 North 14 Ave.





11-19-53									
BALTIMORE CITY HEALTH DEPARTMENT									
CERTIFICATE OF DEATH									
Registered No. 53 9202									
1. NAME OF DECEASED Type or Print) Mr. Charles A. Macatee					2. DATE OF DEATH 10/15/1953				
3. PLACE OF DEATH: Baltimore City, Maryland Yes					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO				
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bon Secours Hospital					6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
7. Length of stay in Baltimore					8. STREET ADDRESS (If rural, give location) 127 Murdock Road, Balto-12-Md.				
9. SEX Male		10. COLOR OR RACE White		11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		12. DATE OF BIRTH 2/22/1891		13. AGE (in years last birthday) 62	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		15. KIND OF BUSINESS OR INDUSTRY Hardware		16. BIRTHPLACE (State or foreign country) Maryland			17. CITIZEN OF WHAT COUNTRY? U.S.A.		
18. FATHER'S NAME Frank B. Macatee					19. MOTHER'S MAIDEN NAME Helen Glenn				
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) yes World War #1		21. SOCIAL SECURITY NO. 216-09-5078		22. INFORMANT N. Mrs. Margaret M. Macatee-127 Murdock Rd.			23. ADDRESS		
18. CAUSE OF DEATH									
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia (A) DUE TO									
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Peritonitis (B) DUE TO Ruptured Diverticulitis (C)									
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION					19B. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) m. INJURY			23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			24. HOW DID INJURY OCCUR?			
25. I hereby certify that I attended the deceased from 10/10/53, 19, to 10/15/53, 19, that I last saw the deceased alive on 10/15/53, 19, and that death occurred at 9:30 p.m., from the causes and on the date stated above.									
26. SIGNATURE John E. Canell Jr.					27. ADDRESS M. O. Bon Secours Hospital			28. DATE SIGNED 10/15/53	
29A. BURIAL, CREMATION, REMOVAL (Specify) Burial		29B. DATE 10/19/53		29C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.			29D. LOCATION (City, town, or county) (State) Pikesville, Md.		
30. DATE RECEIVED BY LOCAL REGISTRAR OCT 18 1953		31. REGISTRAR'S SIGNATURE Huntington Williams			32. FUNERAL DIRECTOR M. J. O. Pickner & Sons			33. ADDRESS 4906 N. Balto. 17, Md.	

THE STATE OF TEXAS  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

DECEASED IN HOME

AGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH  
DISEASE OR INJURY  
IMMEDIATE CAUSE  
UNDERLYING CAUSE

DECEASED IN HOME

DECEASED IN HOME

DECEASED IN HOME

DECEASED IN HOME

DECEASED IN HOME

DECEASED IN HOME

DECEASED IN HOME

DECEASED IN HOME

K-300

53 9203

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9203

Registered No. \_\_\_\_\_

1. NAME OF DECEASED

Type or Print) *Abraham Kitt*

2. DATE

OF  
DEATH*Oct. 17, 1953*

3. PLACE OF DEATH:

*Baltimore City, Maryland Baltimore*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

*Maryland*

5. FULL NAME OF (If not in hospital or institution, give street address or location)

*Maryland General Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore 15-05*

D. STREET ADDRESS (If rural, give location)

*2307 Wichita Avenue*

6. Length of stay in Baltimore

*47*Yrs.  
Mos.  
Days

7. SEX

8. COLOR OR RACE

9. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH

11. AGE (in years

last birthday)

12. Under 1 Year

Months: Days

13. Under 24 Hours

Hours: Min.

14. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

15. KIND OF BUSINESS OR

INDUSTRY

*Hauling business**Proprietor*

16. BIRTHPLACE (State or foreign country)

*Russia*

17. CITIZEN OF

WHAT COUNTRY?

*USA.*

18. FATHER'S NAME

*Morduea Kitt*

19. MOTHER'S MAIDEN NAME

*Izda Plotkin**Wash. DC*

20. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

21. SOCIAL

SECURITY NO.

22. INFORMANT

ADDRESS

*Mr. Leodore Kitt - 2537-34th St SE*23. *443X and 260X*

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebro-vascular accident**2 days*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Diabetes mellitus Hypertension*

DUE TO

*cardio-vascular disease*(C) *Uremia*

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.*Diabetes mellitus*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OCCUR

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from *Oct. 15*, 19*53*, to *Oct. 17*, 19*53*, that I last saw the deceased alive on *Oct. 17*, 19*53*, and that death occurred at *2:07 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Valeriana B. Castile*

M. D.

*Maryland gen. Hospital**10/17/53*

24A. BURIAL, CREMA-

TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

*Burial**10/18/53**Bobrowsker Verem**Baltimore, Md*

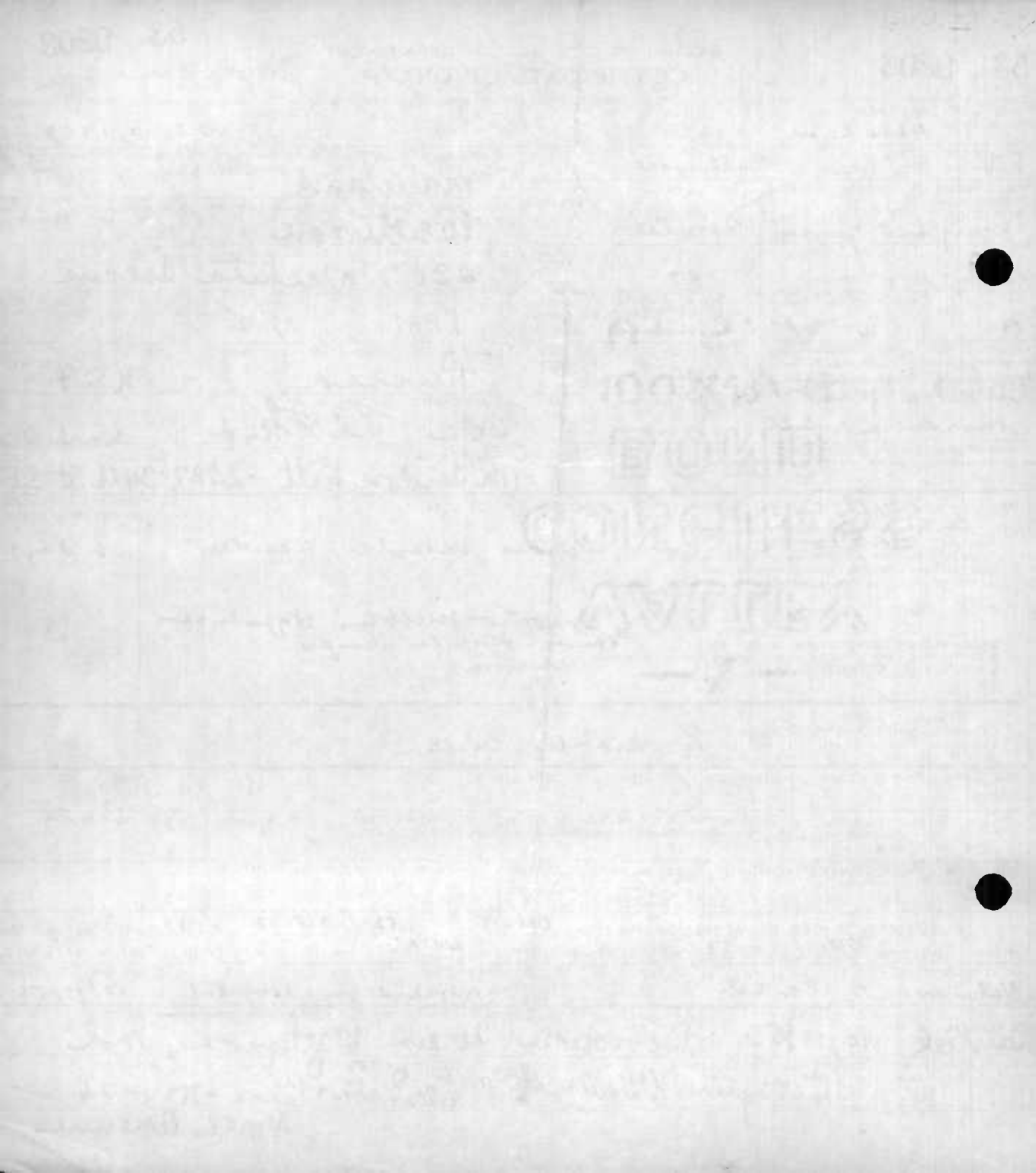
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Oct 18 1953**Huntington Williams, M.D.**29052 North Avenue*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-260

53 9204

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9204

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DORA E MAZOR

2. DATE  
OF  
DEATH

10-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION)

3602 Springdale Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

6. STREET ADDRESS (If rural, give location)

3602 Springdale Ave

c. Length of stay in Baltimore

65 Yrs.  
Mons.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Meyer

14. MOTHER'S MAIDEN NAME

Henrietta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Muriel Mazor. Same

18.

443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Chronic myocarditis

INTERVAL BETWEEN  
ONSET AND DEATH

5-6 years

ANTECEDENT CAUSES

(B)

DUE TO

Arterio sclerosis with Hypertension

25 years

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947 to Oct 17, 1953 that I last saw the  
deceased alive on 10-16-1953 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jacobs Cohen M.O.

23B. ADDRESS

1804 Eutan Plac

23C. DATE SIGNED

10/17/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-18-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewinsohn 2100 Eutan Pl

ADDRESS

1804  
La 0071



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. 220

53 9205

CERTIFICATE AMENDED 10/27/53 ES

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 9205

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SOPHIE SACHS

2. DATE  
OF  
DEATH

10/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

172 SINAI HOSPITAL, INC.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

3-01

D. STREET ADDRESS (If rural, give location)

1516 E. KATT ST.

c. Length of stay in Baltimore

40 Yrs. Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9/17/12

9. AGE (In years,  
last birthday)

41

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

David Herman

14. MOTHER'S MAIDEN NAME

Rachael

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Max Sachs - Lawrence

18.

172 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

EXSANGUINATING HEMORRHAGE

24 hrs.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

METASTATIC CARCINOMA

DUE TO

Previous surgery disclosed small endometrial  
carcinoma of uterus, approximately 2 yrs. ago.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/17/53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

GASTRO-INTESTINAL HEMORRHOID

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1953, to 10/17, 1953, that I last saw the  
deceased alive on 10/17, 1953, and that death occurred at 5<sup>th</sup> P.M., from the causes and on the date stated above.

23A. SIGNATURE

Stanley B. Gould

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10/17/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-18-53

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Reiner

ADDRESS

2100 Eutan Pl

See query reply in Document file

B-640  
CERTIFICATE AMENDED 10/27/53 ESBALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9206

BIRTH NO. 53 9206

1. NAME OF DECEASED (Type or Print) <b>BURRELL, PRINCE HAZEL</b>			2. DATE OF DEATH <b>10/17/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>W. Va.</b> B. COUNTY <b>5-45</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY HOSPITALS, INC</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>MARTINSBURG</b>		
c. Length of stay in Baltimore <b>just arrived</b>			D. STREET ADDRESS (If rural, give location) <b>203 W. MOLAR AVE</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 9 1909</b>	9. AGE (In years last birthday) <b>44</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAID</b>			11. BIRTHPLACE (State or foreign country) <b>GOSHEN, Va.</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>PRINCE DAVIS</b> <b>UNKNOWN</b>			14. MOTHER'S MAIDEN NAME <b>? LUCY DAVIS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>unknown</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>FORREST C. BURRELL</b> <b>HUSBAND</b>			ADDRESS <b>(Same as Above)</b>		

18. **193X**  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
**CAUSE OF DEATH**  
(A) **TUMOR OF THE BRAIN**  
DUE TO  
**5-6 mo**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Spongioblastoma**

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Aspiration PNEUMONIA****4 weeks**

19A. DATE OF OPERATION <b>8/22/53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>MEDULLARY COMPRESSION</b>	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/14/53**, 19**53**, to **10/15/53**, 19**53**, that I last saw the deceased alive on **10/14/53**, 19**53**, and that death occurred at **2:05 PM.**, from the causes and on the date stated above.

23A. SIGNATURE **D. Wallin** M. D. 23B. ADDRESS **Mercy Hosp.** 23C. DATE SIGNED **10/17/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 21, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>MARTINSBURG, W. Va.</b>
--	-----------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR **OCT 18 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **HOWARD BROWN** ADDRESS **MARTINSBURG, W. Va.**

7208A

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document file.

3-325

53 9207

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9207

1. NAME OF DECEASED  
Type or Print)

Mr. Albert J. Biddison

2. DATE  
OF  
DEATH

10.17.53

3. PLACE OF DEATH:

Baltimore City, Maryland M.G.H

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Maryland General Hospital

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, ☒ MARRIED  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 7, 1891

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months: Days

3 10

If Under 24 Hours  
Hours Min.10. A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Self Employed

10B. KIND OF BUSINESS OR  
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jessie Biddison

14. MOTHER'S MAIDEN NAME

Joanna Zang

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

World War #1

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Myrtle Biddison - Stevenson Ind

18.

163X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Ca of Lung

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH+  
2 months

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.7, 1951 to 10.17, 1952, that I last saw the  
deceased alive on 10.17, 1953, and that death occurred at 1.15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Sandparker

M. D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

10.17.53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Usual

24B. DATE

10-20-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery, Balt. Ind

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

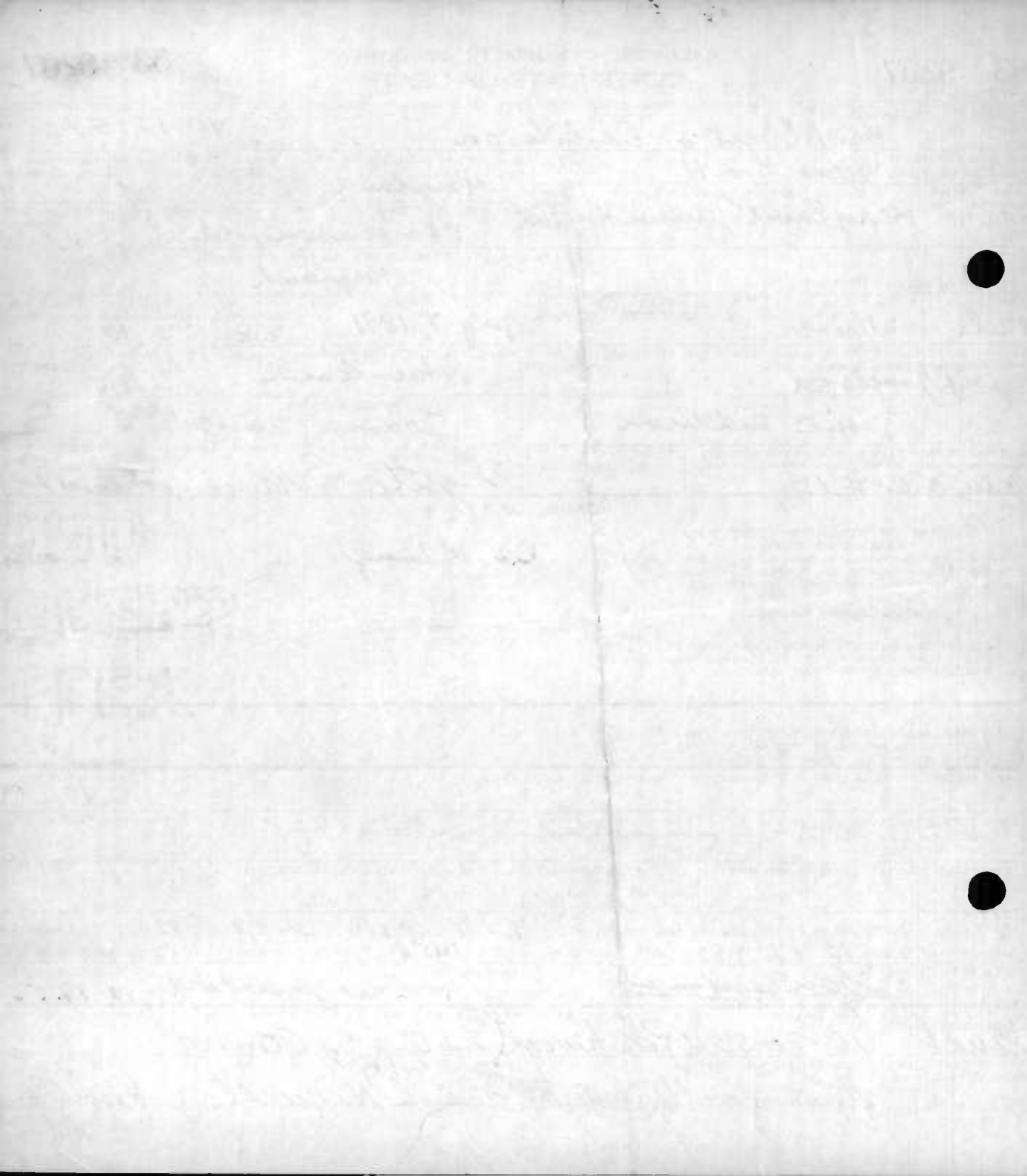
Frank H. Newell - Pikesville

JUL 1 8 1953

VS 150

29099

Ind.





G-653

53 9208

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9208

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Esther

Grindell

2. DATE  
OF  
DEATH

OCT 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

27-16

D. STREET ADDRESS (If rural, give location)

3420 St. Ambrose Ave.

c. Length of stay in Baltimore

40 years

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Cashiere

10B. KIND OF BUSINESS OR  
INDUSTRY

Grocery Store

11. BIRTHPLACE (State or foreign country)

Harrisburg, Penna.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Filling

14. MOTHER'S MAIDEN NAME

Lilly Forest

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
219-07-0199

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

204.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Intracranial hemorrhage 1 hr.

ANTECEDENT CAUSES

DUE TO

(B)

Chronic Lymphatic leukemia

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10-1953 to 10-16-1953 that I last saw the  
deceased alive on 10-16-1953 and that death occurred at 11:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence L. Weed

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/16/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Ave.

Erster

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K-630  
53 9209  
BIRTH NO.  
10-21-53  
BALTIMORE CITY HEALTH DEPARTMENT  
53 9209  
Registered No.  
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <b>ANNA KROUT</b>		2. DATE OF DEATH <b>10-18-53</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>md</b> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hosp.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 3-01</b>	
c. Length of stay in Baltimore <b>57 years</b> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <b>109 S. Spring St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1883</b>
9. AGE (in years last birthday) <b>70</b>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	
11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Solomon KROUT</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Silverman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Map KROUT</b>		18. ADDRESS <b>W. 2701 C. Spring St.</b>	

1B. **E 903.5**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**SKULL FRACTURE**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

**Recent cerebral infarct**II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**BRONCHOPNEUMONIA**

INTERVAL BETWEEN ONSET AND DEATH

## MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **sidewalk**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Sidewalk on west side of Spring St.**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
**Oct. 13, 1953**21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR? **Apparently fell following recent cerebral infarction**22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

**Joseph A. Jachimczyk** M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

**10-18-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 18 1953****Huntington Williams, M.D.****126 N. North Ave.****126 N. North Ave.**

1973

8

1973

1973



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9210

BIRTH NO. 53-23632

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL VOGEL

2. DATE  
OF  
DEATH

9/28/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

42 Sinai

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Balto ESSEX

d. STREET ADDRESS (If rural, give location)

17 Cardinal Rd #21

c. Length of stay in Baltimore

2 da

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

9/26/53

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days

2

If Under 24 Hours  
Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life even if retired)

D

10b. KIND OF BUSINESS OR  
INDUSTRY

D

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

DANIEL Vogel

14. MOTHER'S MAIDEN NAME

Wilma Dawn Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

NO AC

17. INFORMANT

mother

ADDRESS

Above

18.

776X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 da

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1953, to 9/28, 1953 that I last saw the  
deceased alive on 9/28, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above

23a. SIGNATURE

Gilbert D. Barkin

M. D.

23b. ADDRESS

Sinai Hos.

23c. DATE SIGNED

9/28/53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL OCT. 16, 1953

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

VS 150

1530209200

1/2/22

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BABY BOY SAYLOR

2. DATE  
OF  
DEATH

10/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

CITY OR TOWN

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTIONSINAI HOSPITAL OF  
BALTIMORE, INC.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE MIDDLE RIVER

D. STREET ADDRESS (If rural, give location)

523 EDGE WATER APART. #4

C. Length of stay in Baltimore

13 1/2 hours

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/13/53

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JAMES E. SAYLOR

14. MOTHER'S MAIDEN NAME

WANDA FAY HOLTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

RESPIRATORY FAILURE

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

13h + 25m

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B)

CEREBRAL ANOXIA

DUE TO

(C)

PROLAPSE OF CORD

13h + 25m

13h + 25m

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13/53, 1953 to 10/14, 1953 that I last saw the  
deceased alive on 10/14, 1953 and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert D. Barkin

M. D.

23B. ADDRESS

Sinai Hospital 7 Bldg.

23C. DATE SIGNED

10/14/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9212  
Registered No. 53 9212

1. NAME OF DECEASED (Type or Print) <b>BABY BOY CASON</b>			2. DATE OF DEATH <b>Sept. 27/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>422 Sinai Hospital of Baltimore</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 18-03</b>		
c. Length of stay in Baltimore <b>59 min</b>			D. STREET ADDRESS (If rural, give location) <b>95 Poppelton St #1</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>9-27-53</b>		9. AGE (In years last birthday) <b>59</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME <b>Robert Lee Cason</b>			14. MOTHER'S MAIDEN NAME <b>Dolly Deane Via</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>mother</b>		ADDRESS <b>Above</b>
18. <b>776X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Antecedent Causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <b>Prematurity</b> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>59 min</b>
19A. DATE OF OPERATION <b>2</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 27</b> , 1953, to <b>Sept. 27</b> , 1953, that I last saw the deceased alive on <b>Sept. 27</b> , 1953, and that death occurred at <b>4:35 A. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>P. Schaffer</b>			23B. ADDRESS <b>Sinai Hospital</b>		23C. DATE SIGNED <b>Sept. 28</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <b>JOHN HOPKINS MEDICAL SCHOOL</b>		24D. LOCATION (City, town, or county) (State) <b>OCT. 16, 1953</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 18 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25 FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>	
ADDRESS					



L-460

53 9213

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9213

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET L. LAWLOR

2. DATE  
OF  
DEATH

10-15-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3024 N. CHARLES ST.

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX  
FEMALE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

MAID

10b. KIND OF BUSINESS OR  
INDUSTRY

DOMESTIC

13. FATHER'S NAME

JAMES LAWLOR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. J. GRIFFIN - 347 ST. GEORGE'S RD.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Coronary thrombosis  
Coronary artery sclerosis  
(B) Hypertension  
(C)INTERVAL BETWEEN  
ONSET AND DEATH17 hours  
4 years11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

INJURY

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22 I hereby certify that I attended the deceased from October 10, 1953 to October 15, 1953 that I last saw the  
deceased alive on October 12, 1953 and that death occurred at 6:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 18 1953

Huntington W. ...

25. FUNERAL DIRECTOR

ADDRESS

1207 & 1211



0-350

53 9214

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9214  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Andrew Otten

2. DATE  
OF  
DEATH

Oct. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION U.S.P.H.S. Hospital,  
Wyman Park Dr. & 31st St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1232 N. Calvert St.

E. Length of stay in Baltimore 19 months

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept 16, 1907

9. AGE (In years last birthday)

46

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Night mate

10B. KIND OF BUSINESS OR INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Otten

14. MOTHER'S MAIDEN NAME

Marie Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

WW-2 Navy

16. SOCIAL SECURITY NO.

098-14-4878

17. INFORMANT

ADDRESS

Records, USPHS Hospital, Balto., Md.

18. 153X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Peritonitis

recent

## ANTECEDENT CAUSES

DUE TO Carcinomatosis of Abdomen

unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Adenocarcinoma of Cecum

unknown

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-25-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Adenocarcinoma of Abdomen

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 27, 1953, to Oct. 18, 1953, that I last saw the deceased alive on Oct. 18, 1953, and that death occurred at 6:25A m., from the causes and on the date stated above

23A. SIGNATURE

C. L. Self

23B. ADDRESS

M. D.

USPHS Hospital, Balto., Md.

23C. DATE SIGNED

10-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-21-53

24C. NAME OF CEMETERY OR CREMATORY

Luthern Cemetery

24D. LOCATION (City, town, or county)

Queens, New York

(State)

DATE RECEIVED BY LOCAL REGISTRAR

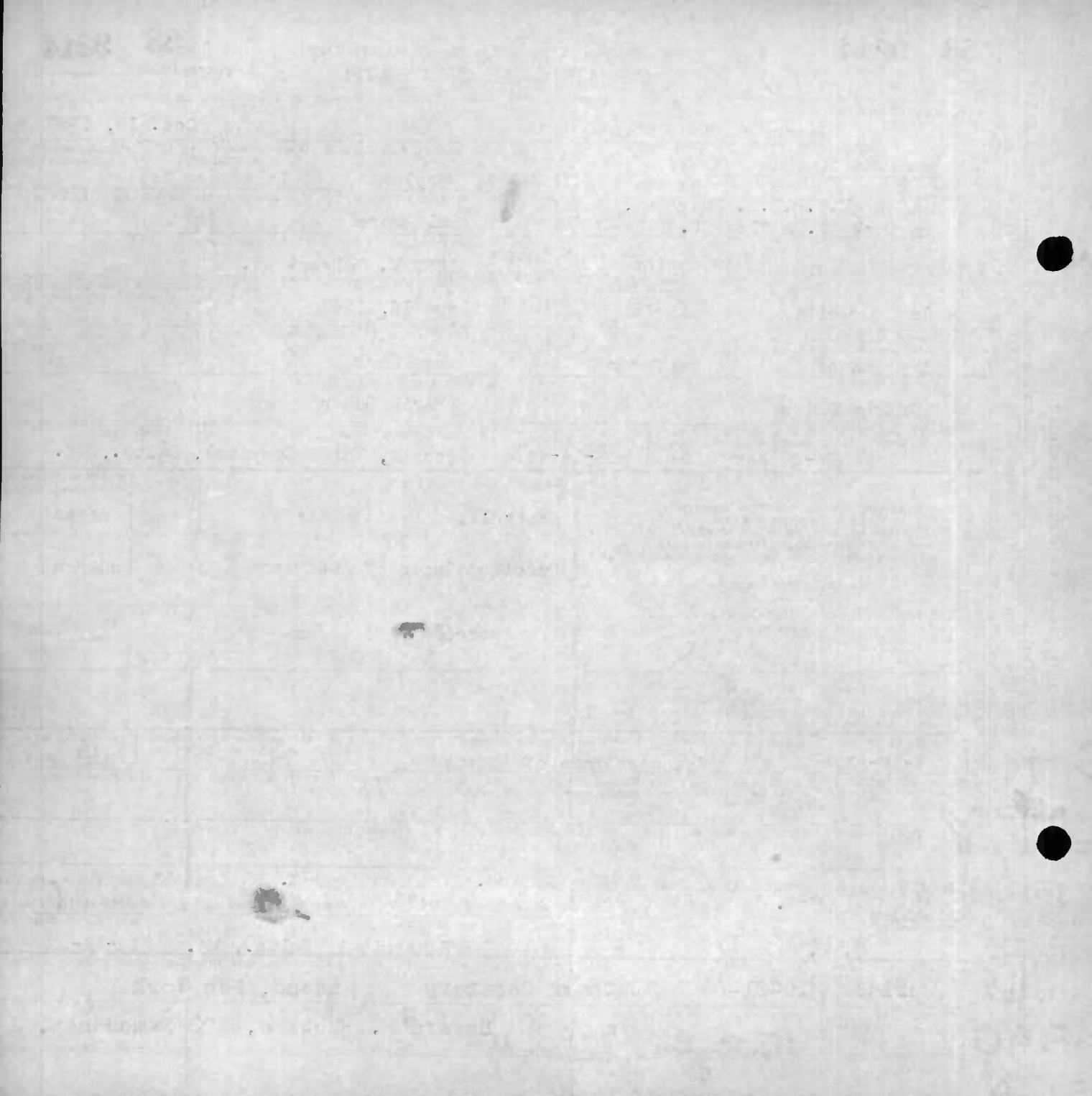
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard H. Hubbare, 2503 Edmondson, A



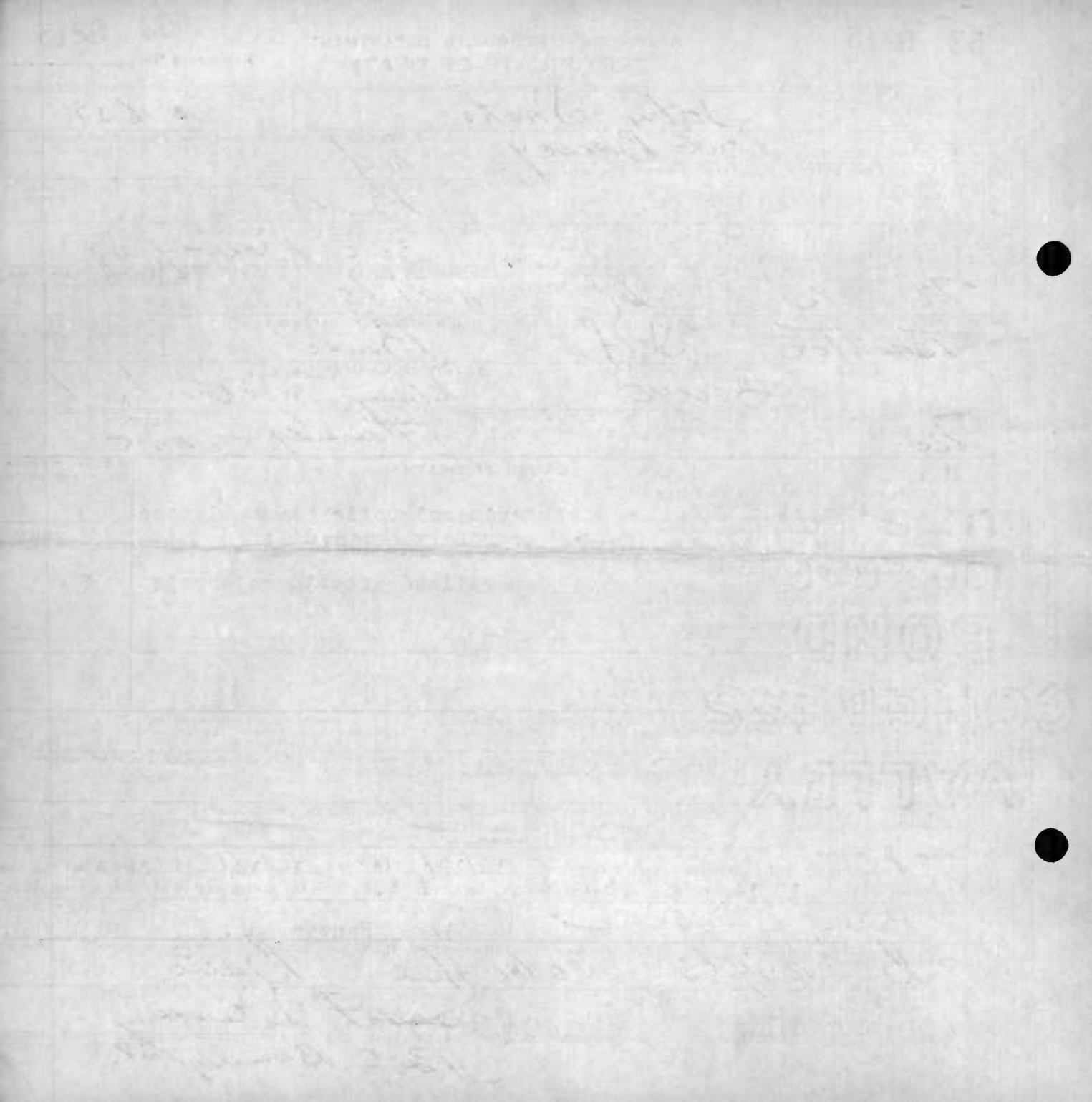
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-220  
53 9215BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9215

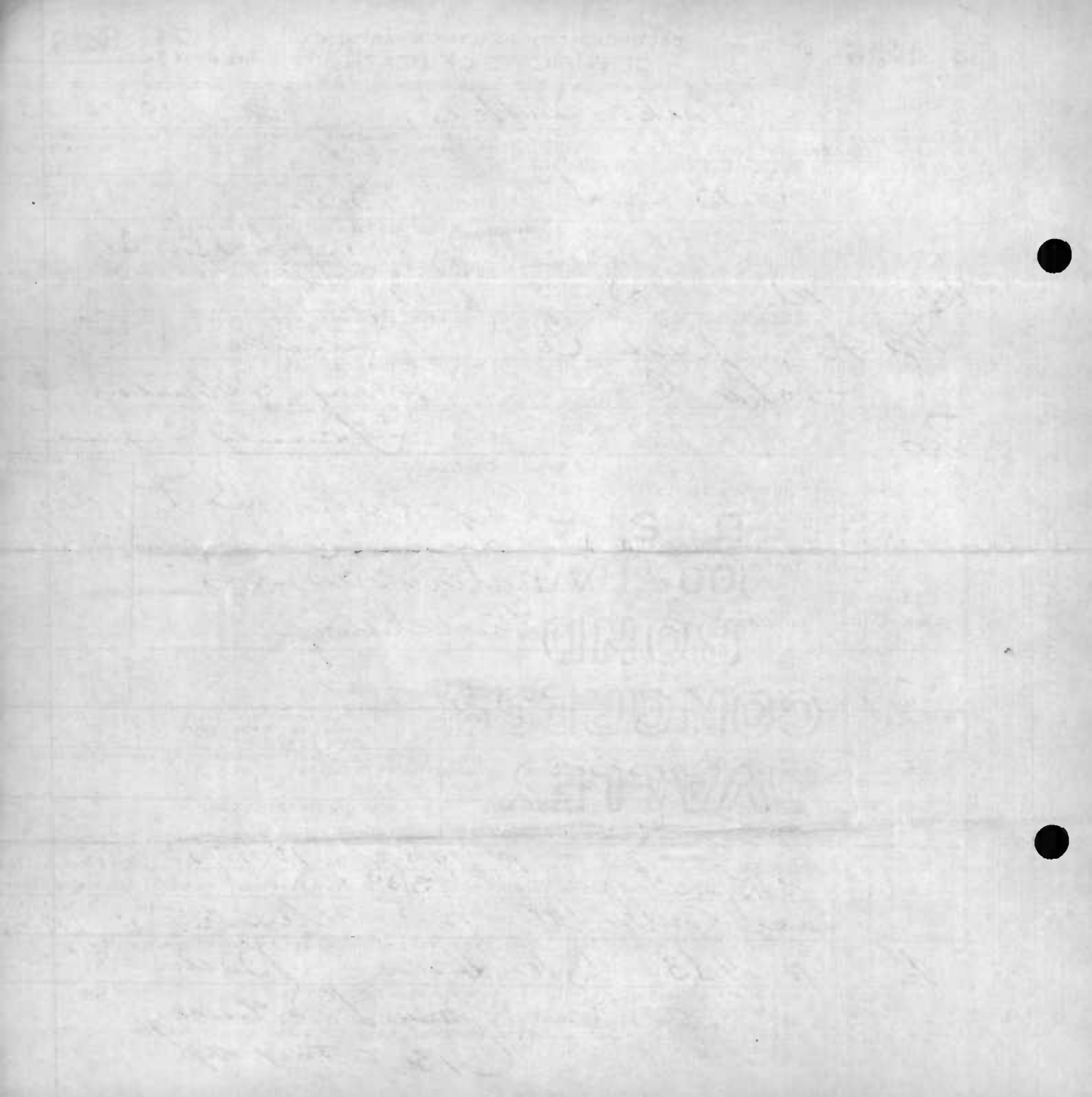
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Sachs</i>		2. DATE OF DEATH <i>10-16-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>30 E. BARNES</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 23-03</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>30 E. BARNES ST.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>11-28-85</i>	9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teamster</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		11. BIRTHPLACE (State or foreign country) <i>Balto.</i>	
13. FATHER'S NAME <i>George</i>		14. MOTHER'S MAIDEN NAME <i>Mary Hockenbeath</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Family - Same</i> ADDRESS	
18. <i>42010</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Arterio sclerotic heart disease</i> DUE TO <i>coronary artery disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 years</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Generalized arterio sclerosis</i> DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/19/</i> , 19 <i>53</i> , to <i>10/16/</i> , 19 <i>53</i> that I last saw the deceased alive on <i>10/14/</i> , 19 <i>53</i> , and that death occurred at <i>5 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Deimler</i>		23B. ADDRESS <i>1226 Hanover St.</i>		23C. DATE SIGNED <i>10/17/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>10-19-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	
				24D. LOCATION (City, town, or county) (State) <i>Balto.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>W. E. Barnes St.</i> ADDRESS	



53 9216

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9216  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lakes Snyder</i>		2. DATE OF DEATH <i>10.15.53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>S. B. G. H.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 24-04</i>		D. STREET ADDRESS (If rural, give location) <i>1870 Lockson St.</i>	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>		B. DATE OF BIRTH <i>8-12-75</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Officer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Knox Co.</i>		9. AGE (in years last birthday) <i>78</i>	
13. FATHER'S NAME <i>John C.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary Catherine</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Family - James</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary heart disease</i>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arteriosclerosis</i>		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>penility</i>		(C) DUE TO			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/14/53</i> , to <i>10/15/53</i> , that I last saw the deceased alive on <i>10/15/53</i> and that death occurred at <i>3:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James Miller</i>		23B. ADDRESS <i>1225 Charles St.</i>		23C. DATE SIGNED <i>10/19/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>		24B. DATE <i>10.19.53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. FUNERAL DIRECTOR <i>James L. G. Lacey</i>		24F. ADDRESS <i>130 E. Fort Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			





B-346

53 9217

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9217  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jerome M. Butler

2. DATE  
OF  
DEATH

10-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3137 East Baltimore Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give  
township)

D. STREET ADDRESS (If rural, give location)

3137 East Baltimore St. - #24

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 23 1895

9. AGE (In years  
last birthday)

58

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist Helper

10B. KIND OF BUSINESS OR  
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Jerome M. Butler

14. MOTHER'S MAIDEN NAME

Gertrude Lettier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

215-05-8305

17. INFORMANT

ADDRESS

Mary Neen Butler - 3137 E. Baltimore

18. 581.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Atrophic Anemia

DUE TO

Liver - over 18 months.

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to Oct. 16, 1953, that I last saw the  
deceased alive on Sept. 1, 1953, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Allen B. Butler

M. O.

23B. ADDRESS

3139 E. Baltimore St.

23C. DATE SIGNED

Oct 17-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-19-53

24C. NAME OF CEMETERY OR CREMATORY

Immanuel Cemetery

24D. LOCATION (City, town, or county)

Gundorf Ave. Balto Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John C. Miller Inc.

ADDRESS

2431 E. Oliver St.

OCT 19 1953

VS 150

690 3A



D-173005

53 9218  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9218  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Raymond Dawson Dorsey</b>		2. DATE OF DEATH <b>10-14-1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>22-02</b>	
7. LENGTH OF STAY IN BALTIMORE <b>?</b> Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) <b>510 W. Montgomery Street #30</b>	
9. SEX <b>Male</b>	10. COLOR OR RACE <b>Negro</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH <b>?</b>
13. AGE (in years, last birthday) <b>46</b>		14. Under 1 Year Months: Days	15. Under 24 Hours Hours: Min.
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		17. KIND OF BUSINESS OR INDUSTRY	
18. FATHER'S NAME <b>?</b>		19. MOTHER'S MAIDEN NAME <b>?</b>	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		21. SOCIAL SECURITY NO.	
22. INFORMANT <b>B.C.H. 4940 Eastern Avenue</b>		23. ADDRESS (records)	
24. CAUSE OF DEATH 18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Disseminated Tuberculosis</b> DUE TO ANTECEDENT CAUSES <b>Pulmonary tuberculosis</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION <b>?</b>		26. CONDITION FOR WHICH OPERATION WAS PERFORMED	
27. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		28. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		32. TIME (Month) (Day) (Year) (Hour) OF INJURY	
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from <b>9-25-1953</b> , to <b>10-14-1953</b> , that I last saw the deceased alive on <b>10-14-1953</b> , and that death occurred at <b>6:30P.M.</b> , from the causes and on the date stated above.			
36. SIGNATURE <b>H. J. ...</b> M. D.		37. ADDRESS <b>4940 Eastern Avenue</b>	
38. DATE SIGNED <b>10-14-1953</b>		39. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1953</b>	
40. REGISTRAR'S SIGNATURE <b>Huntington ...</b>		41. FUNERAL DIRECTOR <b>108 W Montgomery St</b>	
42. ADDRESS		43. ADDRESS	
44. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		45. DATE <b>10/19/53</b>	
46. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn Ct.</b>		47. LOCATION (City, town, or county) (State) <b>Baltimore, City.</b>	

Pulmonary tbc from history in  
Tuberculosis Bureau, BCHD







M-25				CORRECTED BY ORDER OF JOSEPH A JACHIMOZYK, M.D. ASST MED. EXAMINER			
53 9220		10/22/53		BALTIMORE CITY HEALTH DEPARTMENT		53 9220	
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <b>WILLIAM MEEKINS</b>				2. DATE OF DEATH <b>10-17-53</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>607 S. Hanover St.</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 22-01</b>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>607 S. Hanover St.</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 22, '05</b>	9. AGE (in years last birthday) <b>47</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Shipyard</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>George Meekins</b>				14. MOTHER'S MAIDEN NAME <b>Susie Coper</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>214-24-1764</b>		17. INFORMANT <b>Mrs. William Meekins</b>		ADDRESS <b>St. 607 Hanover</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>PULMONARY TUBERCULOSIS RIGHT</b> DUE TO (B) <b>bronchiectasis with multiple abscess formations, right</b> DUE TO (C) <b>FATTY METAMORPHOSIS OF LIVER</b>				INTERVAL BETWEEN ONSET AND DEATH			
19. DATE OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <b>PARTIAL AUTOPSY</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <b>Joseph A. Jachimczyk</b>				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>10-18-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/20/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>		24D. LOCATION (City, town, or county) (State) <b>Frederick Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 21 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		FURNERAL DIRECTOR <b>JOHN F. DENNY, INC.</b>		ADDRESS <b>715 Light St.</b>	
VS 151				9703U			

MEDICAL CERTIFICATION

See letter in Document file.

2-000  
MAF-175677

53 9221

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9221  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Cornelius Lee</b>			2. DATE OF DEATH <b>Oct. 16, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>14-03</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>537 Robert St. #17</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b>	8. DATE OF BIRTH <b>June 2, 1887</b>	9. AGE (In years last birthday) <b>66</b>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>drug Store</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>John (d)</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Clash (d)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>B. C. H. 4940 Eastern Ave. (records)</b>	

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Thrombosis Left Middle Cerebral Artery</b> <b>10days</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <b>Cerebral Arteriosclerosis</b> (C) <b>Arteriosclerotic Heart Disease</b>	<b>15yrs</b> <b>10yrs</b>

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>10-13-53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-13</b> <b>1953</b> , to <b>10-16</b> <b>1953</b> , that I last saw the deceased alive on <b>10-16</b> <b>1953</b> , and that death occurred at <b>3:56 am.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>H. J. Williams</b>		23B. ADDRESS <b>4940 Eastern Ave.</b>	23C. DATE SIGNED <b>10-16-53</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	24B. DATE <b>10-19-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>W. Sullivan</b>	ADDRESS <b>7806 4011 N. Arlington Ave</b>

CERTIFICATE OF DEATH

1996

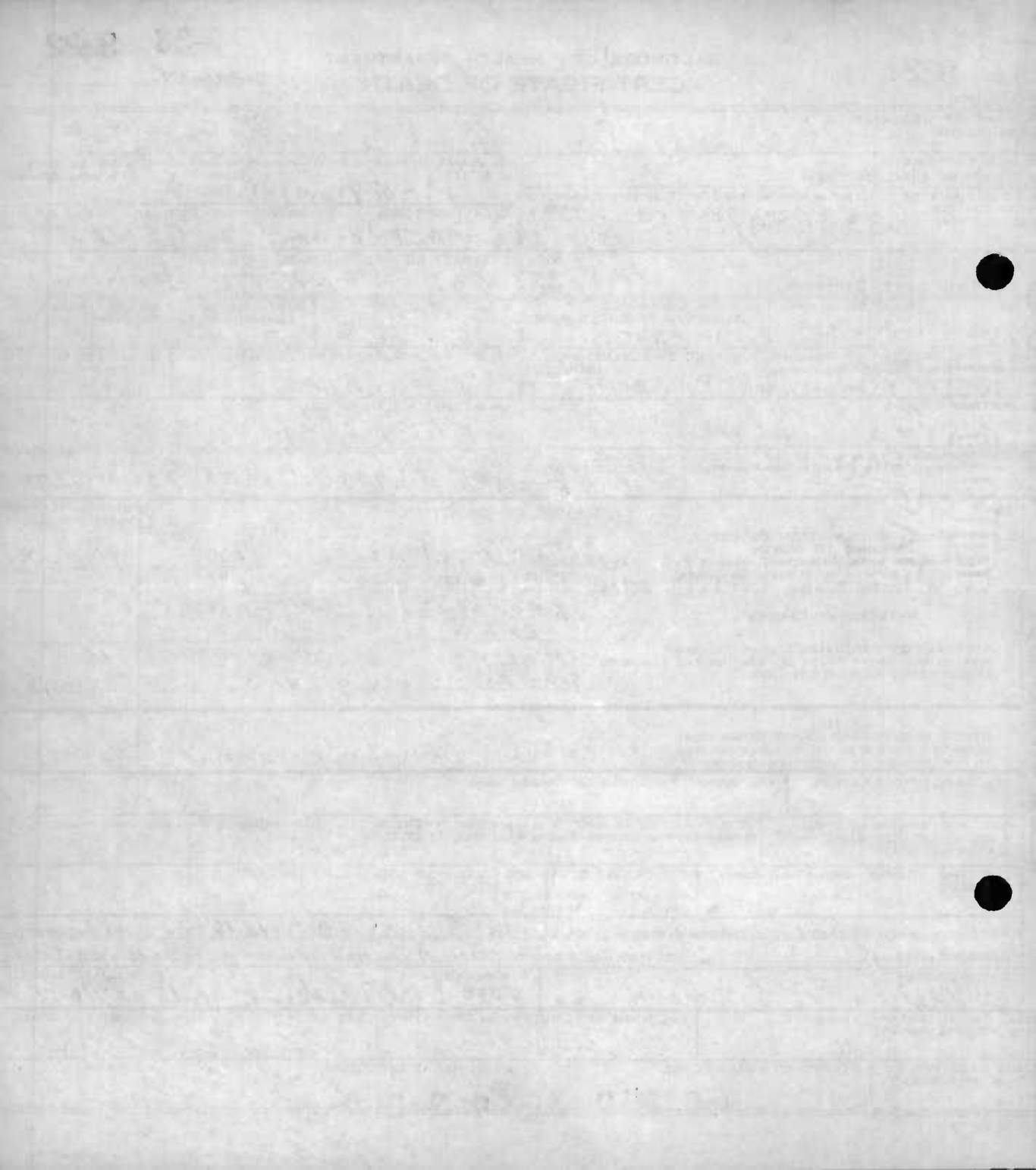
2-420  
53 9222

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9222

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		Richard D. LYLES		2. DATE OF DEATH October 16 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MARYLAND		b. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 833 W. FAYETTE ST.		c. CITY OR TOWN BALTIMORE		d. STREET ADDRESS (If rural, give location) 833 W. FAYETTE STREET	
e. Length of stay in Baltimore 40		Yrs. 40		Mos. Days	
5. SEX MALE	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 1896	9. AGE (In years last birthday) 57	10. UNDER 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTRY (churchwork) PREACHER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles LYLES		14. MOTHER'S MAIDEN NAME MARY NICKENS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS MRS. RICHARD LYLES 833 W. FAYETTE	
18. 350X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Arteriosclerotic Heart DISEASE DUE TO GENERALIZED ARTERIO SCLEROSIS (B) ObesitY DUE TO PARALYSIS Agitans (C) Terminal Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 16 months ? LIFE 18 months 6 days	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1952, to October 16, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.					
23a. SIGNATURE Melvin M. Borden		23b. ADDRESS 5000 Old Frederick Rd		23c. DATE SIGNED 10/16/53	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) B.		24b. DATE 10-19-53		24c. NAME OF CEMETERY OR CREMATORY Arbutus	
24d. LOCATION (City, town, or county) (State) Balt. Md		25. FUNERAL DIRECTOR Huntington 5 William H. Borden and W. Sullivan Jr		ADDRESS 0098W 1011 N. Arlington Ave	





13-452

53 9223

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9223

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY V. BOWLING

2. DATE  
OF  
DEATH

Oct 17 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1400 W. Lefington St

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Aged Women's AND  
INSTITUTION Aged Men's Home4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 19-02D. STREET ADDRESS (If rural, give location)  
1400 W. Lefington St.

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb 18 - 1868

9. AGE (In years  
last birthday)

85

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

Joseph J. Bowling

14. MOTHER'S MAIDEN NAME

Mary C. Vaughn

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No, no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B.E. Kipp 1400 W. Lefington St

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

12 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary sclerosis, Arteriosclerosis,  
Heart failure

Years

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to October 17, 1953 that I last saw the  
deceased alive on Oct 17, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wendell Edward Day

M. D.

23B. ADDRESS

4-2-33rd St Balt 18

23C. DATE SIGNED

October 17, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 19 - 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1953

Huntington Williams &amp; Son 6000 Ave - 1217 St Paul St

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness	
16. Signature of witness		17. Signature of witness		18. Signature of witness	
19. Signature of witness		20. Signature of witness		21. Signature of witness	
22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness	
28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness	
34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness	
40. Signature of witness		41. Signature of witness		42. Signature of witness	
43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness	
52. Signature of witness		53. Signature of witness		54. Signature of witness	
55. Signature of witness		56. Signature of witness		57. Signature of witness	
58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness	
64. Signature of witness		65. Signature of witness		66. Signature of witness	
67. Signature of witness		68. Signature of witness		69. Signature of witness	
70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness	
79. Signature of witness		80. Signature of witness		81. Signature of witness	
82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness	
88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness	
94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness	
100. Signature of witness		101. Signature of witness		102. Signature of witness	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9224BIRTH NO. 53 92241. NAME OF DECEASED  
(Type or Print)MURPHY, Olin Leroy2. DATE  
OF  
DEATHOctober 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONUSPHS HospitalWyman Pk. Drive & 31st Street4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1808 Gough St.

c. Length of stay in Baltimore

10 1/2 years

S. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)single

8. DATE OF BIRTH

Jan. 28, 19029. AGE (In years  
last birthday)51If Under 1 Year  
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)Seafarer - fire tender10B. KIND OF BUSINESS OR  
INDUSTRYSeafarer

11. BIRTHPLACE (State or foreign country)

South Carolina12. CITIZEN OF  
WHAT COUNTRY?yes

13. FATHER'S NAME

John Murphy

14. MOTHER'S MAIDEN NAME

Emma Heron15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Records - USPHS Hospital, Baltimore, Md.18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Bronchopneumonia, bilateralrecent

DUE TO

ANTECEDENT CAUSES

(B)

Hypertensive Cardiovascular Diseaseold

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.Nephrosclerosis, bilateralold

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1953, to 10/17, 1953, that I last saw the  
deceased alive on 10/17, 1953 and that death occurred at 1:25A m., from the causes and on the date stated above.

23A. SIGNATURE

C.L. Self

M. D.

23B. ADDRESS

USPHS Hospital, Balto., Md.

23C. DATE SIGNED

10/17/5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)Burial

24B. DATE

Oct 9-1953

24C. NAME OF CEMETERY OR CREMATORY

Old St Pauls

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

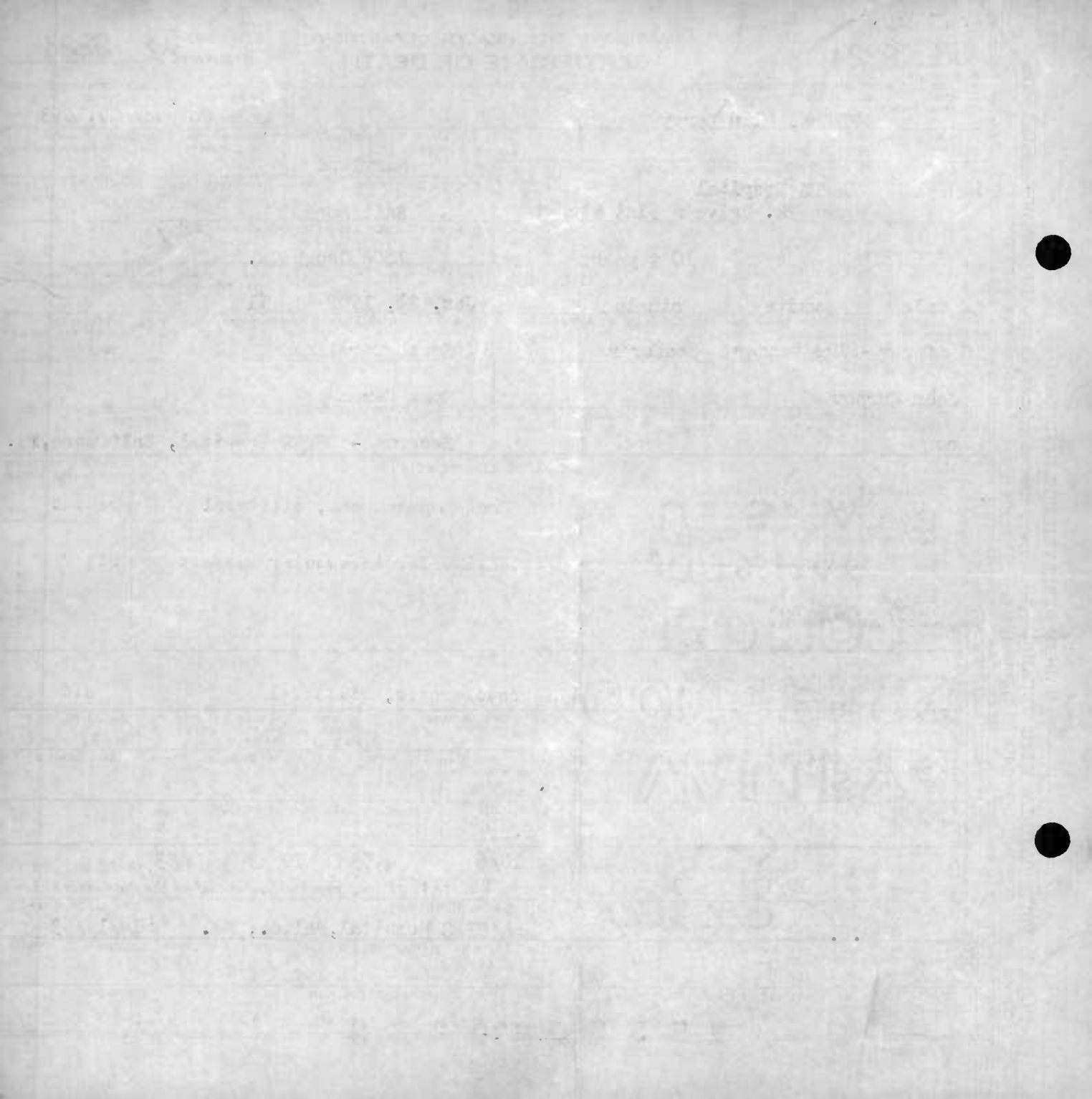
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

W. J. Cook Inc - 1217 St Paul StOCT 19 1953  
OCT 19 1953

680-51



W-425  
MAF-171507BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9225  
Registered No.

BIRTH NO. 53 9225

1. NAME OF DECEASED  
(Type or Print)

Ruth Wilson

2. DATE  
OF DEATH Oct. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)  
Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

2220 E. North Ave. #13

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
Sep.

8. DATE OF BIRTH

May 7, 1905

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Wilson

14. MOTHER'S MAIDEN NAME

Mary Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
B. C. H. 4940 Eastern Ave. (records)

18. 171X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ..... C. carcinoma Of Cervix, ureteral obstruction  
DUE TO Generalized Cachexia

## ANTECEDENT CAUSES

(B) ..... Gastric Ulcer

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 1953 to 10-15, 1953, that I last saw the deceased alive on 10-15, 1953, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Harrison

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

10-15-53

24A. BURIAL, CREMATION,  
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1953

Huntington

115

1701-03 No. Patterson Park

Ave

100-10150

100-10150

100-10150

100-10150

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9226BIRTH NO. 53 92261. NAME OF DECEASED  
(Type or Print) Catherine Edna Tull (Jordan)2. DATE OF DEATH Oct. 17, 19533. PLACE OF DEATH:  
A. Baltimore City, Maryland Os 34. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Ind. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 9-09D. STREET ADDRESS (If rural, give location)  
1529 N. Enoch St

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX Female6. COLOR OR RACE White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married8. DATE OF BIRTH 1-28-18879. AGE (In years last birthday) 66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
Robert Benny14. MOTHER'S MAIDEN NAME  
Saura Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
Acute myocardial infarction

DUE TO

ANTECEDENT CAUSES  
Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION ☐

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1953 to 10/17, 1953, that I last saw the deceased alive on 10/17, 1953 and that death occurred at 5:55 P. M., from the causes and on the date stated above.23A. SIGNATURE  
Henry H. Wagner Jr.23B. ADDRESS  
JOHNS HOPKINS HOSPITAL23C. DATE SIGNED  
10/17/5324A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial24B. DATE  
Oct. 20/5324C. NAME OF CEMETERY OR CREMATORY  
St. Cannel Lane24D. LOCATION (City, town, or county)  
Balto. Md.DATE RECEIVED BY LOCAL REGISTRAR  
Oct 17 1953REGISTRAR'S SIGNATURE  
Huntington Williams25. FUNERAL DIRECTOR  
John R. MillerADDRESS  
2334 Jefferson St.

525-00

Quero ?

NOTES

... ..  
... ..

Copy

(Original misplaced by Undertaker.)

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

53

9227

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) **O. Z. Moon**2. DATE  
OF DEATH **10-16-53**3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE **Md.** B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION **Baltimore City Hospitals**  
**4940 Eastern Ave.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Baltimore**c. Length of stay in Baltimore **6 yrs.**  
Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
**2427 Reisterstown Rd. -17**

5. SEX

**Male**

6. COLOR OR RACE

**Negro**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH

**March 9, 1919**9. AGE (in years  
last birthday)**34**If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**laborer**10B. KIND OF BUSINESS OR  
INDUSTRY**Construction**

11. BIRTHPLACE (State or foreign country)

**S. C.**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Abe Moon**

14. MOTHER'S MAIDEN NAME

**Winnie Fortune**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
**B. C. H. Records, 4940 Eastern Ave.**18. **446X**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) **Arteriosclerotic Nephrosclerosis**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **(Malignant hypertension)**

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-15**, 19**53**, to **10-16**, 19**53** that I last saw the  
deceased alive on **10-16**, 19**53** and that death occurred at **4pm** m., from the causes and on the date stated above.

23A. SIGNATURE

**Dr. J. H. Hays**

M. D.

23B. ADDRESS

**4940 Eastern Ave.**

23C. DATE SIGNED

**10-17-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10/22/53**

24C. NAME OF CEMETERY OR CREMATORY

**Family Plot**

24D. LOCATION (City, town, or county) (State)

**Hemlock North Carolina**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**U. S. 1953****Huntington**

25. FUNERAL DIRECTOR

ADDRESS

9333

100-10730

100-10730

100-10730

Mr.

100-10730

100-10730

100-10730

March 9, 1939

100-10730

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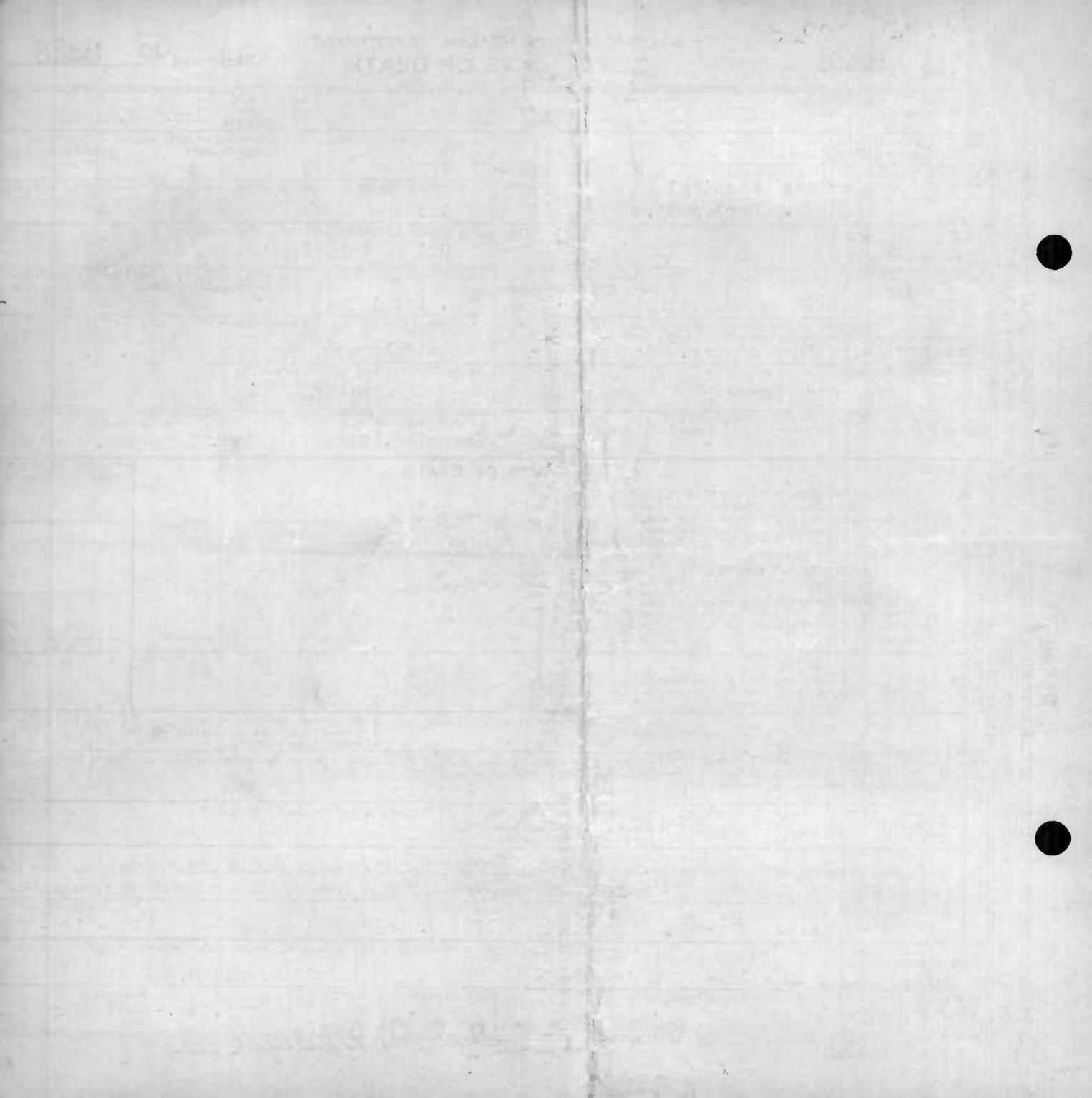
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100-10730

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 92284-634  
53 9228  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WILHELMINA FERNANDEANA HARTLEB</b>		2. DATE OF DEATH <b>Oct. 16, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>none</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Doctors' Hospital</b> <b>2724 N. Charles St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-12</b>	
c. Length of stay in Baltimore 81 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>221 E. Lake Avenue</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Aug. 27, 1872</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress, retired 20 yrs.</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Goldman-Bach Industries Ladies-wear</b>	9. AGE (In years last birthday) <b>81</b> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Ostenbrouck, Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. FATHER'S NAME <b>Frederick Hartleb</b>		14. MOTHER'S MAIDEN NAME <b>Sophia Leggeman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Samuel J. Zito</b>		ADDRESS <b>221 E. Lake Ave.</b>	

18. <b>443 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertension</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Concertive failure</b> DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct 15</b> , 19 <b>53</b> , to <b>Oct 16</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Oct 16</b> , 19 <b>53</b> , and that death occurred at <b>7:15 A. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Jerome Gaber</b> M. O.		23B. ADDRESS <b>1104 E. Cold Spring Lane</b>	23C. DATE SIGNED <b>10 - 16 - 53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10 - 19 - 53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>John O. Mitchell &amp; Sons Inc.</b> ADDRESS <b>1900 Eutaw Pl.</b>	





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

53 9229

53 9229

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emanuel Rose

2. DATE OF DEATH  
Oct. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Temple Garden Apts.  
Madison Ave. & Cloverdale Rd.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

Madison Ave. &amp; Cloverdale Rd.

C. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

May 1, 1885

9. AGE (In years,

last birthday)  
68

If Under 1 Year

Months: Days  
6 17

If Under 24 Hours

Hours: Min.  
17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

electrician

10B. KIND OF BUSINESS OR INDUSTRY

electrician

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Rose

14. MOTHER'S MAIDEN NAME

Greenebaum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.  
213-10-7463

17. INFORMANT

ADDRESS

Merla Rose, Temple Garden Apts.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis  
of short duration

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension from history  
given by family (wife)see other  
card

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, to dead on my arrival, 1953, that I last saw the deceased alive on , 19 , and that death occurred at 12:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Frederick Lentz

M. D.

23B. ADDRESS

Temple Garden Apt

23C. DATE SIGNED

Oct 19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10-20-53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. GENERAL DIRECTOR

David R. Martin, 1902 Eutaw Place

OCT 19 1953

51524

Consulted Dr. L. M. Walker, while in Atlantic City  
on Sept. 24-53. for chest pain etc.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-163

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9230**

BIRTH NO. **53 9230**

1. NAME OF DECEASED (Type or Print) <b>JOHN R. HUBBARD</b>			2. DATE OF DEATH <b>Oct. 14, 1953</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>607 Jasper Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>10/10/97</b>	9. AGE (In years last birthday) <b>56</b>	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of period, if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>W. Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-03-2479</b>	17. INFORMANT <b>Mable Hubbard</b> ADDRESS <b>2225 Penna. Ave.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>(A) Coronary artery disease</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B) Hypertensive cardiovascular disease</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <b>Joseph A. Jackson</b>		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23c. DATE SIGNED <b>Oct. 15, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/14/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn</b>	
24d. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		25. FUNERAL DIRECTOR <b>Geo. G. Kelson</b> ADDRESS <b>1303 Presstman St.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 14 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		26. SIGNATURE <b>Geo. G. Kelson</b>	

VS 151

78099

65-28

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PAID 1978-79

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B-346  
53 9231BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9231

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth Butler

2. DATE  
OF  
DEATH

10-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-04

D. STREET ADDRESS (If rural, give location)

3410 N. Auchentorpe Terrace

c. Length of stay in Baltimore

49 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 14, 1882

9. AGE (In years  
last birthday)

71

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

USA

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Speller

14. MOTHER'S MAIDEN NAME

Moriah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Geo. Butler 3308 Auchentorpe Terrace

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1953, to Oct. 16, 1953, that I last saw the  
deceased alive on Oct 16, 1953, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George R. Larson

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

10-16-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/19/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

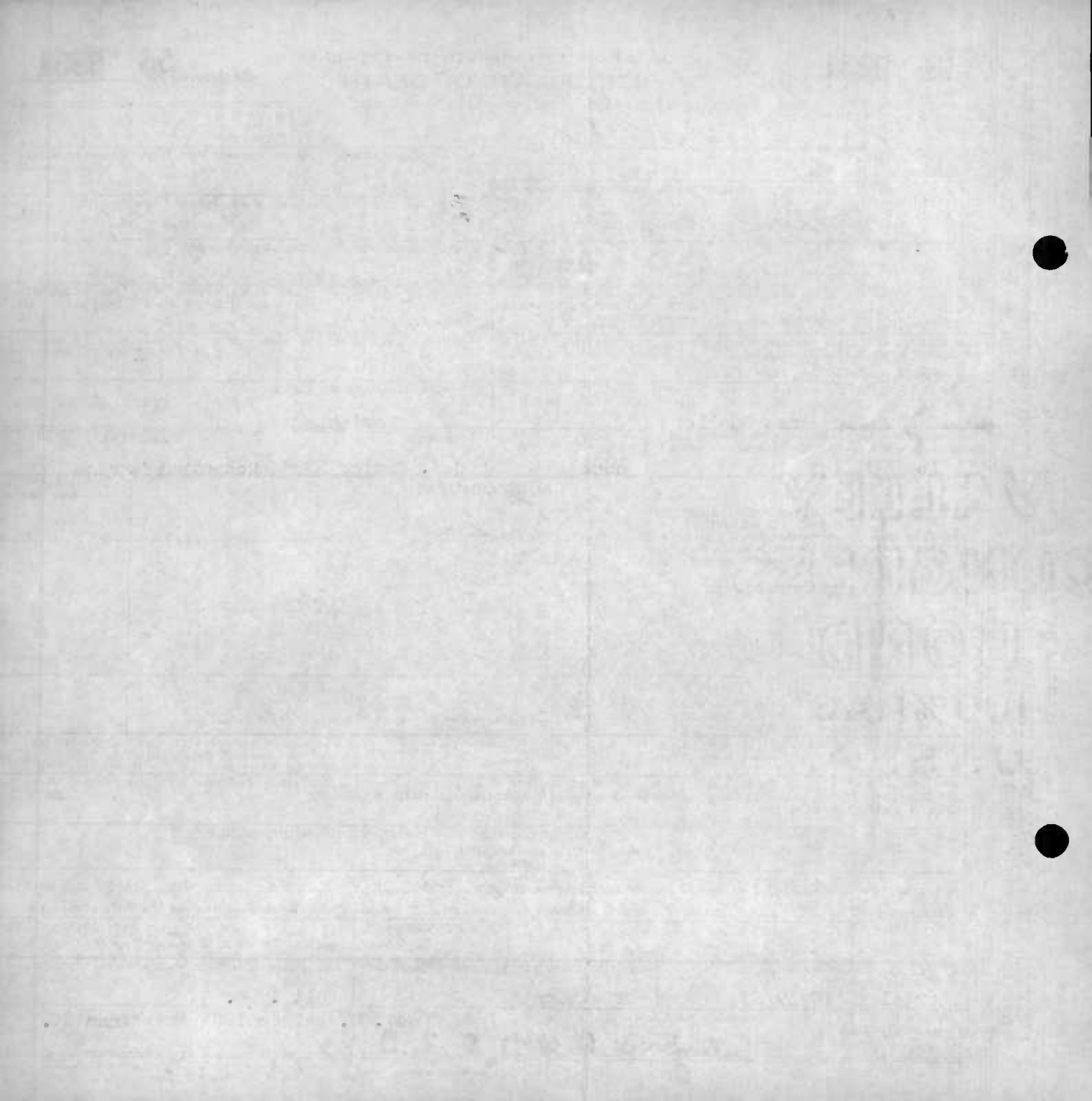
Geo. G. Nelson 1303 Pressman St.

ADDRESS

OCT 19 1953

VS 150

Geo. G. Nelson





W-400  
53 9232BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9232

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs Elizabeth Wall

2. DATE  
OF  
DEATH

Oct 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

37 Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

17-01

c. Length of stay in Baltimore

unknown

D. STREET ADDRESS (If rural, give location)

406 George Street

5. SEX

Female

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-30-1910

9. AGE (In years  
last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

Marie Dorn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

NO

17. INFORMANT

Husband

ADDRESS

Same

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

(A) Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Malignant Hypertension

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1953, to 10-15, 1953, that I last saw the  
deceased alive on 10-15, 1953, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Corbett P. Quinn

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

10/15/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/20/1953

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

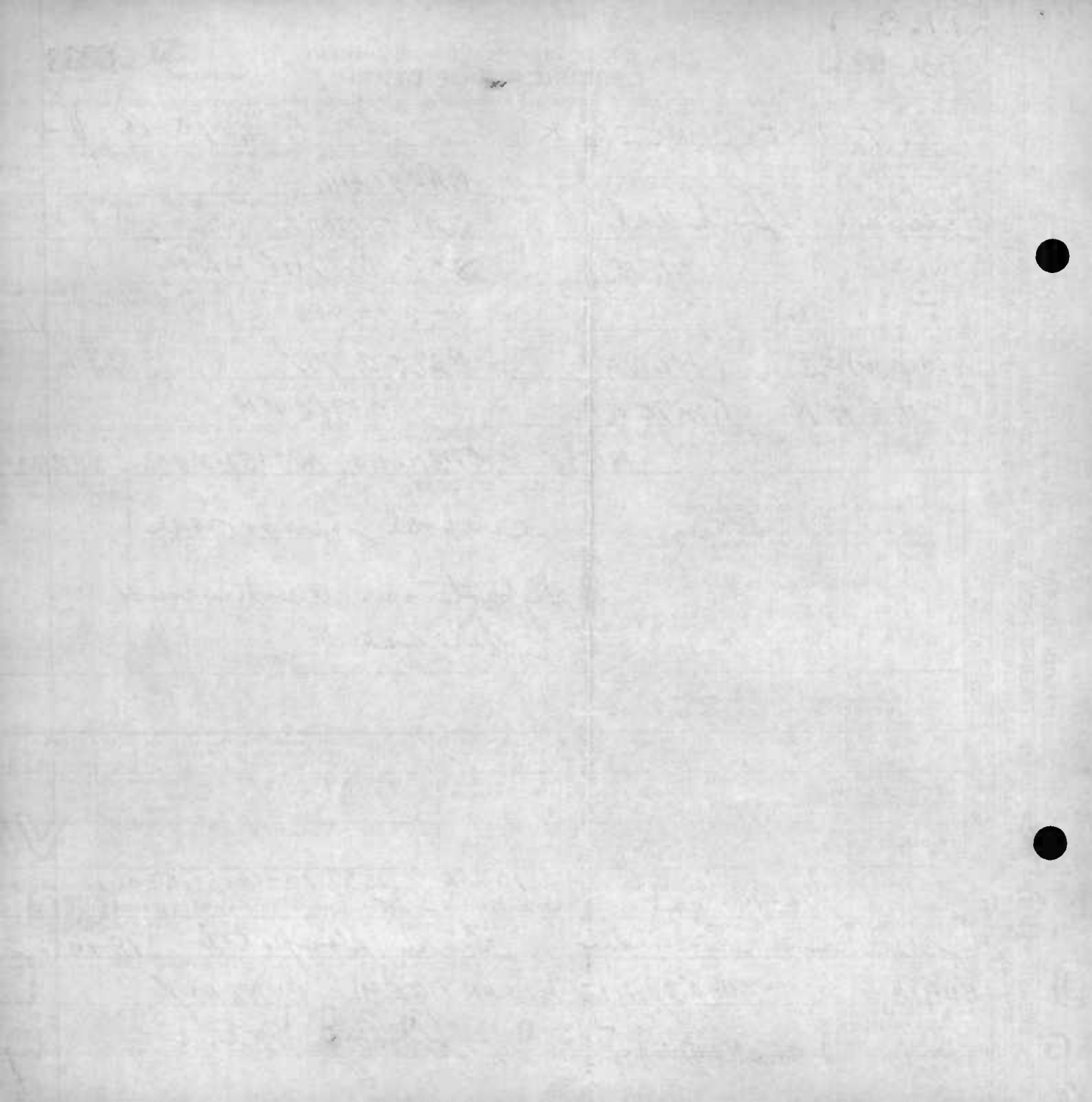
J. Halstead 918 Druid Hill Ave.

ADDRESS



W-220  
53 9233BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9233  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <b>FRANCES WOJCIK</b>			2. DATE OF DEATH <b>10-16-53</b>				
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY							
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shinai Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 2-02</b>							
C. Length of stay in Baltimore <b>LIFE</b>			Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>306 S. DURHAM</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>9-27-1902</b>		9. AGE (In years last birthday) <b>51</b>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>			11. BIRTHPLACE (State or foreign country) <b>BALTO. MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>JOHN KORYCKI</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. <b>NONE</b>			17. INFORMANT ADDRESS <b>CHARLES WOJCIK 306 S. DURHAM</b>				
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>I</b>			CAUSE OF DEATH <b>cerebral hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO <b>Hypertensive Cardiovascular disease</b>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
19A. DATE OF OPERATION <b>0</b>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>10-15</b> , 19 <b>53</b> to <b>10-16</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-16</b> , 19 <b>53</b> and that death occurred at <b>3 15</b> p.m., from the causes and on the date stated above.										
23A. SIGNATURE <b>William Torman</b>			M. D.			23B. ADDRESS <b>Shinai Hospital</b>		23C. DATE SIGNED <b>10-16-53</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-20-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY ROSARY CEM.</b>		24D. LOCATION (City, town, or county) (State) <b>DUNDALK</b>				
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington</b>			25. FUNERAL DIRECTOR <b>Walter J. Meyer</b>		ADDRESS			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-220  
MAF-175473BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9234

53 9234

RURAL NO.

1. NAME OF DECEASED  
(Type or Print)A.  
Henry Lucas (HENRY A. LUCAS)2. DATE  
OF DEATH Oct. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF  
HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Baltimore City HospitalsC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 8-01

31 4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)  
3410 Elmora Ave. #13

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Wid.

8. DATE OF BIRTH

June 21, 1866

9. AGE (In years  
last birthday)

87

If Under 1 Year  
Months Days If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
ICE-BUSINESS10B. KIND OF BUSINESS OR  
INDUSTRY  
OWNER

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

Amos Lucas

14. MOTHER'S MAIDEN NAME

UNKNOWN ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
B. C. H. 4940 Eastern Ave. (records)

18. 490X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Pneumonia Right &amp; L over Lobes of right Lung

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1953, to 10-16, 1953, that I last saw the  
deceased alive on 10-16, 1953, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Lucas, Jr.

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

10-16-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT:19:53

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL CEMETERY

24D. LOCATION (City, town, or county)

A.A.CO. MARYLAND

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

F.B. WIPPERT &amp; SON 1300 EUTAW PL. Y





H-200  
53 9235BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9235  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Christian Haas

2. DATE  
OF  
DEATH

10-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

1213 N. Potomac Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Standard Oil Co.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1213 N. Potomac Street

8. DATE OF BIRTH

4-17-77

9. AGE (In years  
last birthday)

86

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Martin Haas

14. MOTHER'S MAIDEN NAME

Caroline Krug

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Wilhelmina Haas - wife-

same

18. 420.1 1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

10/15/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Chr. Myocarditis

1/1/50

(C) DUE TO

Generalized Osteo-Scler

1/1/50

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1, 1950, to Oct 17, 1953, that I last saw the  
deceased alive on Oct 17, 1953, and that death occurred at 3:40 P. M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

10-23-53

Sacred Heart

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

Hally &amp; Zeiler, Inc. 403 S. Wolfe Street

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Informant		13. Signature of Medical Examiner		14. Signature of Coroner		15. Signature of Jury	
16. Signature of Burial Officer		17. Signature of Undertaker		18. Signature of Funeral Home		19. Signature of Cemetery		20. Signature of Burial	
21. Signature of Interment		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	



Doc. A. 1. 1

53 9237

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9237  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)S.  
JAMES BAKER2. DATE  
OF  
DEATH

10-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4306 Forrest View Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 17, 1905

9. AGE (In years  
last birthday)

48

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Insurance Agnet

10B. KIND OF BUSINESS OR  
INDUSTRY11. BIRTHPLACE (State or foreign country)  
Emmitsburg, Maryland12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Bernard J. Baker

14. MOTHER'S MAIDEN NAME

Lulu May Kanode

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

212-01-7916

17. INFORMANT

Wife.

ADDRESS View

Mrs. Mary M. Baker, 4306 Forrest

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

CORONARY ARTERY SCLEROSIS

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jenkins

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

10-18-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

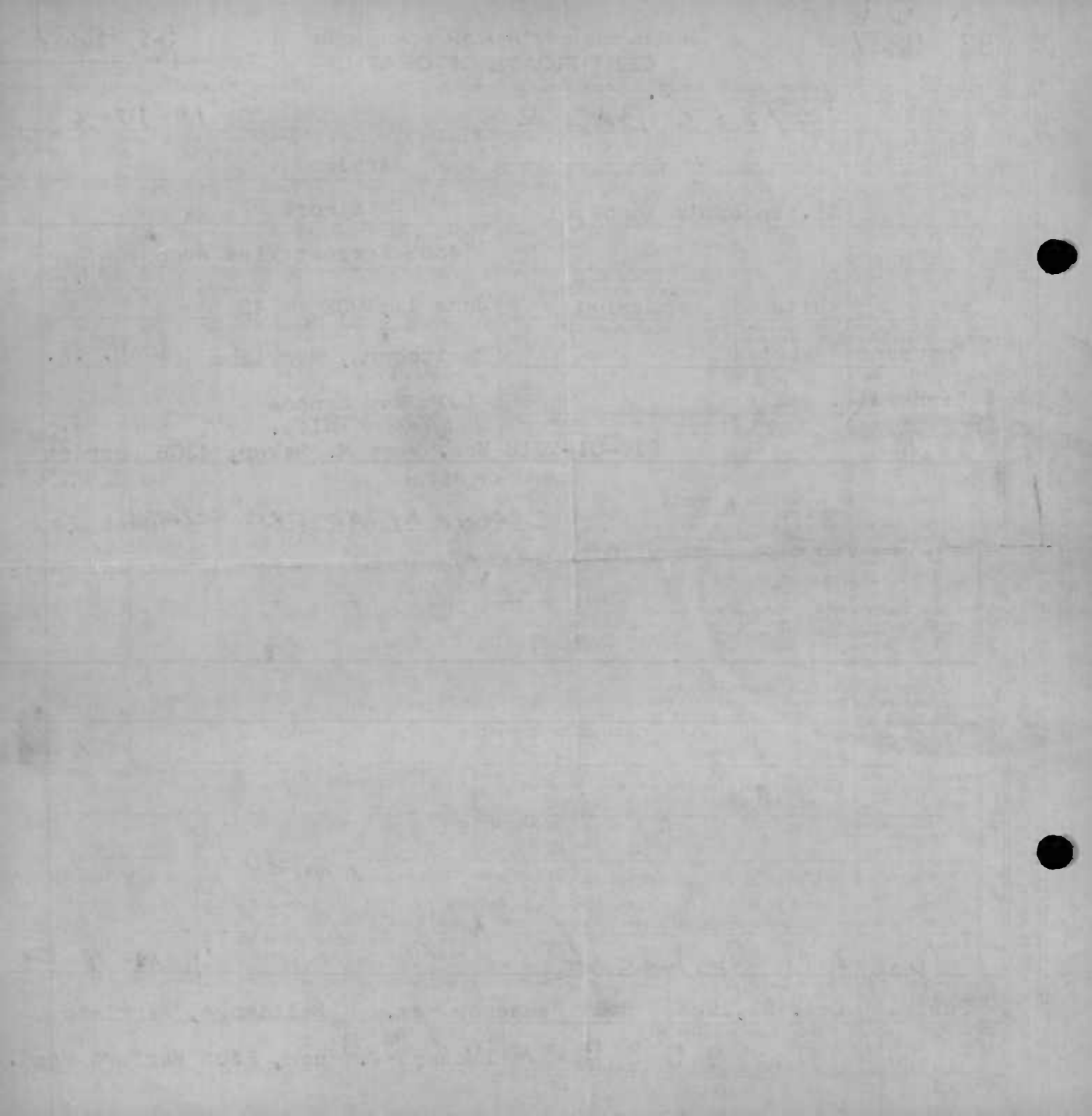
25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1953

Huntington 513

Leonard J. Ruck, 5305 Harford Road.





W-256  
53 9238BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9238  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FLORENCE MAY WAGNER

2. DATE  
OF  
DEATH

10/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE CITY, MD

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
1302 Stonewood Road  
Baltimore, Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1302 Stonewood Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

July 2, 1892

9. AGE (In years  
last birthday)

61

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Burkner

14. MOTHER'S MAIDEN NAME

Florence May Ebsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT Husband.

ADDRESS

Mr. Philip F. Wagner, 1302 Stonewood

18. 170X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Ca of Breast

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 1953, to 10/17/53, 19, that I last saw the  
deceased alive on 10/17/53, 19, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Walter E. Karguin

23B. ADDRESS

4331 Harford Rd

23C. DATE SIGNED

10/17/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Rd.

8730

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2-532  
MEDICAL EXAMINER APPROVED

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9239

1. NAME OF DECEASED (Type or Print) <b>LENTZ, WILLIAM</b>		2. DATE OF DEATH <b>October 18, 1953</b>	
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b> <b>Baltimore, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>8-05</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1653 Darley Avenue</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Wh</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	10. DATE OF BIRTH <b>Nov. 7, 1873</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman Terminal Warehouse</b>		12. AGE (In years last birthday) <b>80</b>	
13. FATHER'S NAME <b>?</b>		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>212-10-5524</b>	
17. INFORMANT <b>Mrs Pauline Mary Lentz, Ridgedale Rd</b>		ADDRESS <b>5725</b>	
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Vascular Accident</b> DUE TO <b>Hypertensive Cardiovascular Disease</b> DUE TO <b>Generalized Arteriosclerosis</b> DUE TO <b>Generalized Arteriosclerosis</b>		CAUSE OF DEATH <b>Cerebral Vascular Accident</b> <b>Hypertensive Cardiovascular Disease</b> <b>Generalized Arteriosclerosis</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11</b>	
20. DATE OF OPERATION <b>0</b>		21. MAJOR FINDINGS OF OPERATION <b>11</b>	
22. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		23. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>11</b>	
24. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>11</b>		25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>11</b>	
26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		27. HOW DID INJURY OCCUR? <b>11</b>	
28. I hereby certify that I attended the deceased from <b>Oct. 18, 1953</b> , to <b>Oct. 18, 1953</b> , that I last saw the deceased alive on <b>Oct. 18, 1953</b> , and that death occurred at <b>10:10 p.m.</b> , from the causes and on the date stated above.		29. SIGNATURE <b>Joseph A. Jackson M.D.</b>	
30. ADDRESS <b>1400 Caroline Street</b>		31. DATE SIGNED <b>10/18/53</b>	
32. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		33. DATE <b>Oct. 21, 1953</b>	
34. NAME OF CEMETERY OR CREMATORY <b>Moreland Mem. Pk</b>		35. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
36. DATE RECEIVED BY LOCAL REGISTRAR <b>10/19/53</b>		37. REGISTRAR'S SIGNATURE <b>William H. Ruck</b>	
38. FUNERAL DIRECTOR'S ADDRESS <b>5305 Harford Road</b>		39. FUNERAL DIRECTOR'S SIGNATURE <b>William H. Ruck</b>	

NEW YORK CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

1852

10-1-1911

10-1-1911

10-1-1911

10-1-1911

10-1-1911

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10-1-1911

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9240  
Registered No.

53 9240

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MR. LEO JOSEPH DORSCH

2. DATE  
OF  
DEATH Oct. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3122 Berkshire Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 1, 1902

9. AGE (In years  
last birthday)

51

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Police - - -

Anchor Post &  
Fence Company

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Herman Dorsch

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT Wife.

ADDRESS

Mrs. Theodora Dorsch, 3122 Berkshire

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

1 1/2 yrs

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19, to 10/17, 1953, that I last saw the  
deceased alive on 10/51, 1953, and that death occurred at 3:45 m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Dorsch

23B. ADDRESS

1937 E North Ave

23C. DATE SIGNED

10/17/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

Oct. 21 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer em.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Buck

ADDRESS

5305 Harford Road.

OCT 18 1953

VS 150

OCT 19 1953

773 3D

. A. Weiss  
02 Huntington Ave. 11-12  
37 E. North Avenue 12-1



B-163  
53 9241BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9241  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Bafford

2. DATE  
OF  
DEATH

Oct. 16-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2900 Strickland st

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONYrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR  
INDUSTRY

American Sugar

13. FATHER'S NAME

James Bafford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

212-09-6463

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

2900 Strickland st Balto, Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto, Md.

D. STREET ADDRESS (If rural, give location)

2900 Strickland St.

8. DATE OF BIRTH

Jan. 22-1889

9. AGE (In years  
last birthday)

64

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

St. Mary's Co.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Caldwell

17. INFORMANT

ADDRESS

Son- Edward Bafford Annapolis Rd

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis 3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis ✓ yes

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1953 to 10/16, 1953 that I last saw the  
deceased alive on 10/16, 1953, and that death occurred at 9:10 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1953 Huntington W. B. Co. MD 9 23 52 Perry St 46 Carroll Co

52347



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9242

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH L. SAUNDERS

2. DATE  
OF  
DEATH

10/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore

c. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

704 S. Homewood St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/17/99

9. AGE (In years last birthday)

53

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.

13. FATHER'S NAME

Charles

14. MOTHER'S MAIDEN NAME

Josephine Groce

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife - Marie

ADDRESS

Same

18. 606x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Chronic urinary obstruction

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Uremic colitis

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8 1953, to 10/18, 1953 that I last saw the deceased alive on 10/18, 1953, and that death occurred at 435 A m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Wein

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/18/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 21/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

99 Counties Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

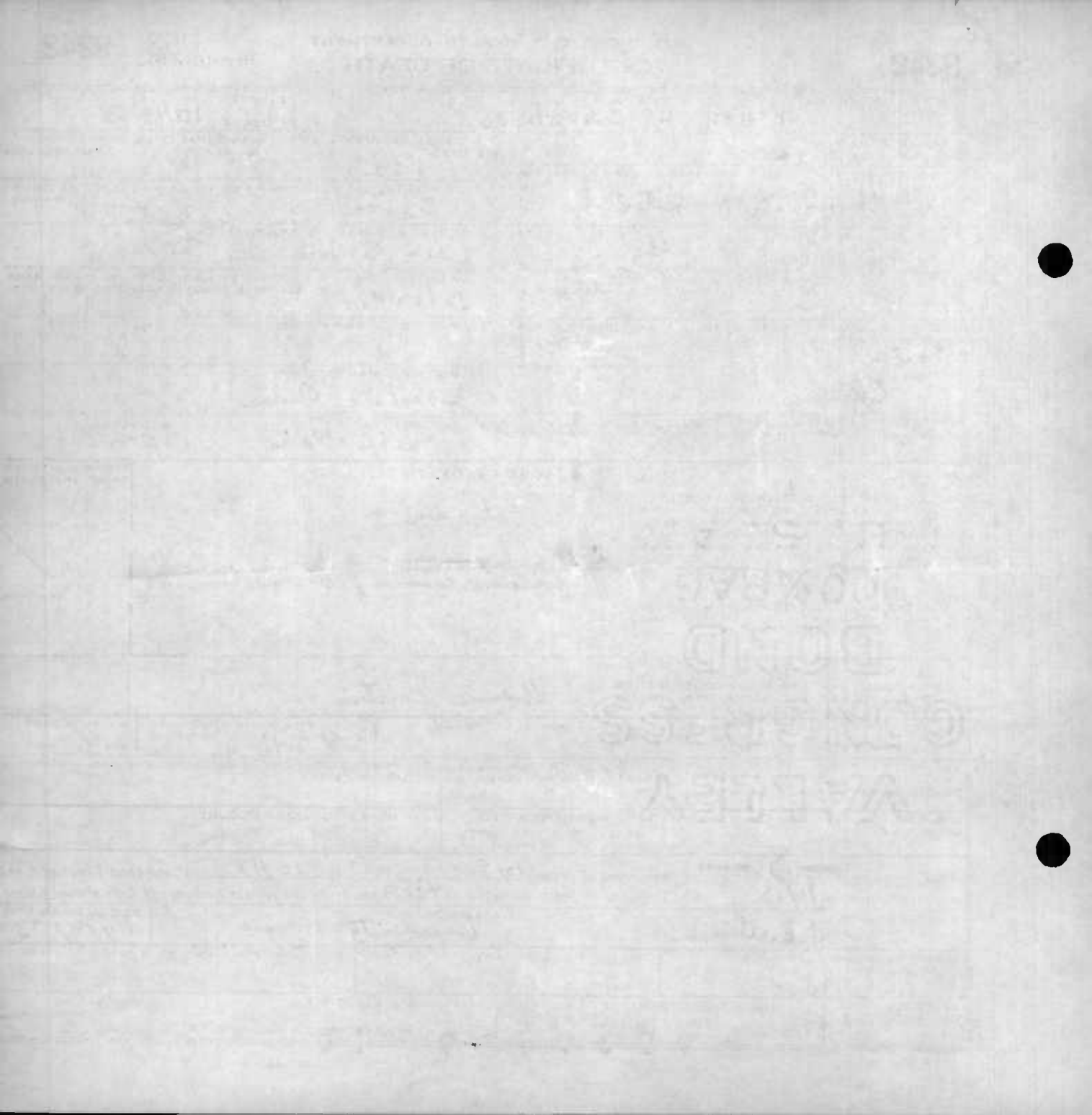
Mr. J. H. White, Daughters

OCT 19 1953

VS 150

78099

2429 N. Caroline St.



E 436  
3 9243BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9243

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rose Elder

2. DATE  
OF  
DEATH

10-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1000 Cate Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Jenkins Memorial Hosp.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

3014 Harlem Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-06

D. STREET ADDRESS (If rural, give location)

3014 Harlem Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

June 28 1873

9. AGE (In years,  
last birthday)

80

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Austin

14. MOTHER'S MAIDEN NAME

Catherine Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Louise Robertson

18. 434.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Pulmonary edema.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Congestive Heart Failure  
+ Uremia.

DUE TO

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953 to Oct. 17, 1953 that I last saw the  
deceased alive on Oct. 17, 1953, and that death occurred at 12:50 PM from the causes and on the date stated above.

23A. SIGNATURE

Wendell Octob M.D.

M.D.

23B. ADDRESS

St. Agnes' Hospital

23C. DATE SIGNED

10-17-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10/20/53

CATHEDRAL

Baltimore

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1953 25401 SUFFOLK RD-18

CERTIFICATE OF DEATH

IN THE COUNTY OF ... STATE OF ...

19...

...





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9244

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Christopher Davenport

2. DATE  
OF  
DEATH

OCT 13 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
a. STATE b. COUNTY before admission)

Md.

Anne Arundel

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

SEVERN PARK,

d. STREET ADDRESS (If rural, give location)

Route 1.

5200

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12-28-02

9. AGE (In years,  
last birthday)

50

If Under 1 Year  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR  
INDUSTRY

Carpenter

13. FATHER'S NAME

James Davenport

11. BIRTHPLACE (State or foreign country)

Columbia South Carolina

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Tolly Robertson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

212-09-2190

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Atelectasis, Bronchopneumonia

5 days

DUE TO

Vomiting

ANTECEDENT CAUSES

(B)

Pyelonephritis

? 2-3 wks

DUE TO

Carcinoma of Bladder

8 mos

(C)

Bilateral Uroterosis; metastatic

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Hypotension

19a. DATE OF OPERATION

11/5/52, 2/2/53

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Carcinoma of Bladder

19c. OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18-1953 to 10-18-1953 that I last saw the  
deceased alive on 10-18-1953 and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE

William Brauman

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

10/19/53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

10-22-53

24b. DATE

10-22-53

24c. NAME OF CEMETERY OR CREMATORY

Glen Haven

24d. LOCATION (City, town, or county)

Glen Burnie Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

25. FUNERAL DIRECTOR

ADDRESS

25. FUNERAL DIRECTOR

Christopher Laverport  
MD  
12-1-01  
Route 1

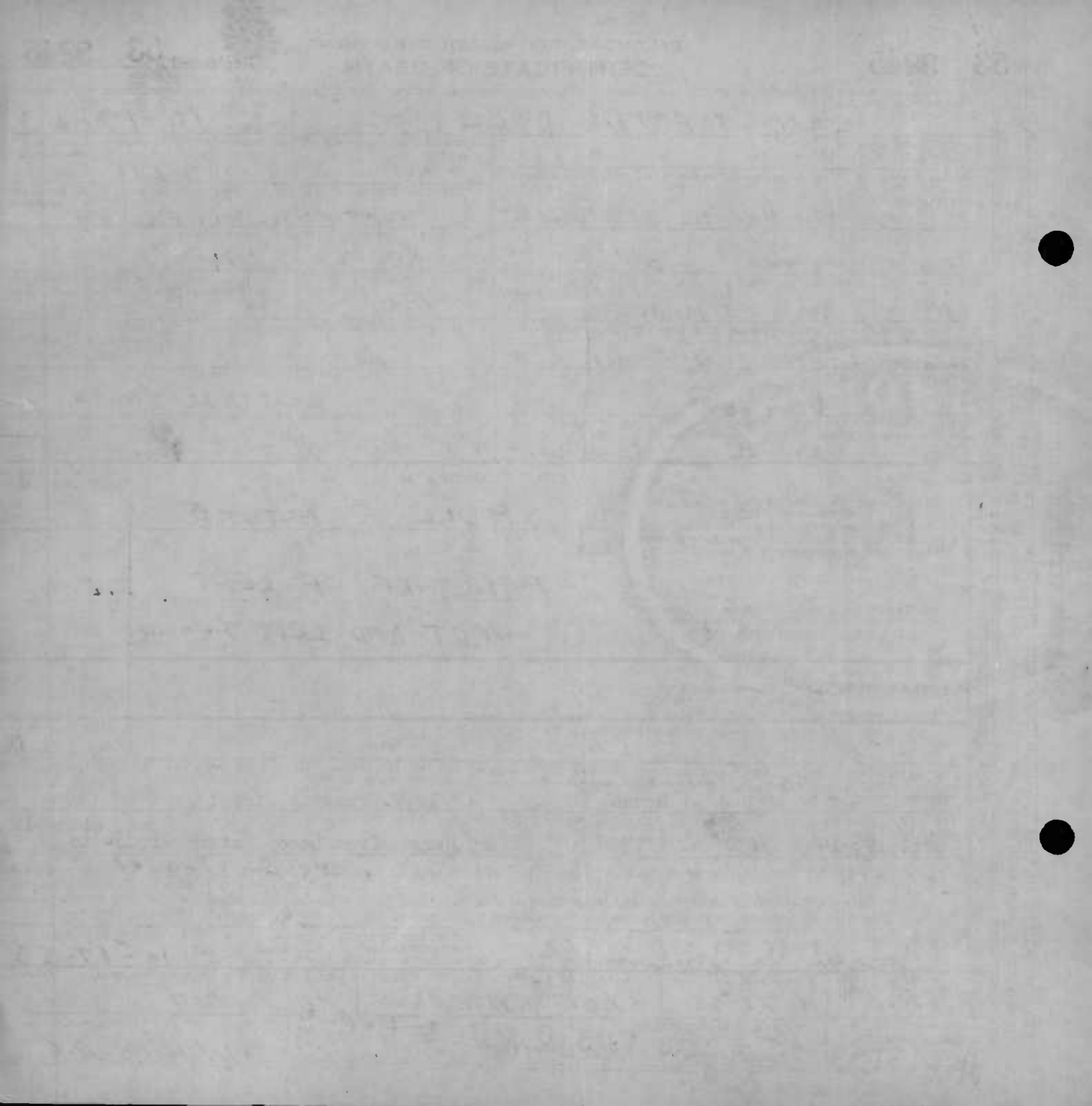
At the time of the  
investigation in the  
month of October 1901  
the following persons were  
found in the premises to which the  
process was issued

1. John J. Laverport  
2. Mary J. Laverport  
3. William J. Laverport  
4. Elizabeth J. Laverport  
5. Thomas J. Laverport  
6. James J. Laverport  
7. George J. Laverport  
8. Charles J. Laverport  
9. Henry J. Laverport  
10. Frederick J. Laverport  
11. John J. Laverport  
12. Mary J. Laverport  
13. William J. Laverport  
14. Elizabeth J. Laverport  
15. Thomas J. Laverport  
16. James J. Laverport  
17. George J. Laverport  
18. Charles J. Laverport  
19. Henry J. Laverport  
20. Frederick J. Laverport

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

Registered No. 53 9245

1. NAME OF DECEASED (Type or Print) <b>CARL MARTIN DILL JR.</b>		2. DATE OF DEATH <b>10-17-53</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>BALTO</b>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>10 W. PRESTON ST. BALTO.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>DUND MIDDLE RIVER (20)</b>	
c. Length of stay in Baltimore <b>28</b>		d. STREET ADDRESS (If rural, give location) <b>3 KERRIA LANE</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-4-24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASSEMBLY LINE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO. MFR</b>	9. AGE (In years last birthday) <b>29</b>
11. BIRTHPLACE (State or foreign country) <b>MD.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>C. M. DILL, SR.</b>		14. MOTHER'S MAIDEN NAME <b>EDNA M. DILL (NEE YATES)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>	(If yes, give war or dates of service) <b>WW II</b>	16. SOCIAL SECURITY NO. <b>218-18-6278</b>	17. INFORMANT <b>Clara Jane Dill -</b>
18. <b>E978X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>SKULL FRACTURE</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>FRACTURE OF LEFT WRIST AND LEFT FEMUR</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <b>10-20-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>House</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>House</b>	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <b>12 W. Preston Street</b>	
21d. TIME (Month) (Day) (Year) (Hour) <b>Oct. 17, 1953 3:30 A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Jumped from second story window to sidewalk</b>	
22. I certify that I took charge of the remains described above, held an <b>INSPECTION INQUIRY</b> and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23a. SIGNATURE <b>Joseph A. Joachim</b>		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> <b>10-17-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-20-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BALTO. NATIONAL</b>	24d. LOCATION (City, town, or county) (State) <b>BALTO. MD.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 19 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
VS 151		69035	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9246**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Manley, Baby Boy**2. DATE  
OF  
DEATH**10/19/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)**St. Agnes Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**426 Winston Ave.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**M**

6. COLOR OR RACE

**W**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

**10/17/53 (48 Hrs)**9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.**2**10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Infant**10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Md.**12. CITIZEN OF  
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

**John Manley**

14. MOTHER'S MAIDEN NAME

**Helen Johnson**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**Unknown/NO****No**16. SOCIAL  
SECURITY NO.**None**

17. INFORMANT

ADDRESS

**St. Agnes Hospital Records**18. **776x**

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

**Pneumonia Baby**

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/17**, 19**53**, to **10/19**, 19**53**, that I last saw the  
deceased alive on **10/19**, 19**53**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23A. SIGNATURE

**Edward Train**

M. D.

23B. ADDRESS

**St Agnes Hospital**

23C. DATE SIGNED

**10/19/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

**10/19/53**

24C. NAME OF CEMETERY OR CREMATORY

**Mem Cathedral Cem**

24D. LOCATION (City, town, or county) (State)

**Balto Md**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Charles H Evans & Son**

ADDRESS

**118 W. Mt. Ray d Ave**

OCT 19 1953

VS 150

MM 5-4226



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9247

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOSEPH SWAIN

2. DATE  
OF  
DEATH

10-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

Johns Hopkins Hosp.

C. CITY OR TOWN (If outside corporate limits, write R.R. and give  
township)

Baltimore

c. Length of stay in Baltimore

36 yrs.

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

38 S. Bond St

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-19-98

9. AGE (In years,  
last birthday)

55

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Stewardess

10B. KIND OF BUSINESS OR  
INDUSTRY

Water front

11. BIRTHPLACE (State or foreign country)

Windsor N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Henry Swain

14. MOTHER'S MAIDEN NAME

Matter Sextall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Joseph Swain 1801 N. Cascade St

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) HYPERTENSIVE CARDIO -  
DUE TO VASCULAR DISEASE

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an PARTIAL AUTOPSY thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Jashinsky

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR

23C. DATE SIGNED

10-18-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-29-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

Brooklyn, Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

B. Welborn

ADDRESS

1100

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THE UNIVERSITY OF CHICAGO

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T-620  
9248BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9248  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA MARIE TURCK

2. DATE  
OF DEATH Oct. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3500 Lyndale Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. Length of stay in Baltimore

55 yrs.

Yrs.  
Mos.  
Days

5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY at home

9. FATHER'S NAME

unknown

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT

ADDRESS

Gertrude A. Schiminger, dght, above

18. 151X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Generalized Carcinomatosis  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Carcinoma Stomach  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10/53, 19\_\_, to 10/18/53, 19\_\_, that I last saw the deceased alive on 10/10/53, 19\_\_, and that death occurred at 4:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 19 1953

Thurston Williams, Jr.

Schimunek Funeral Home, Inc.

2901 27 E. Madison St.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9249

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

C. Junior Prince

2. DATE OF DEATH  
10/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION  
(If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

700 China Street

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

July 4, 1921

9. AGE (in years last birthday)

32

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Prince

14. MOTHER'S MAIDEN NAME

Alma Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Dorothy Prince

ADDRESS

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

3rd degree burns 98% of body

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

700 China St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

10/18/53 4:00A.M.

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Conflagration in home

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jarboe

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED  
10/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

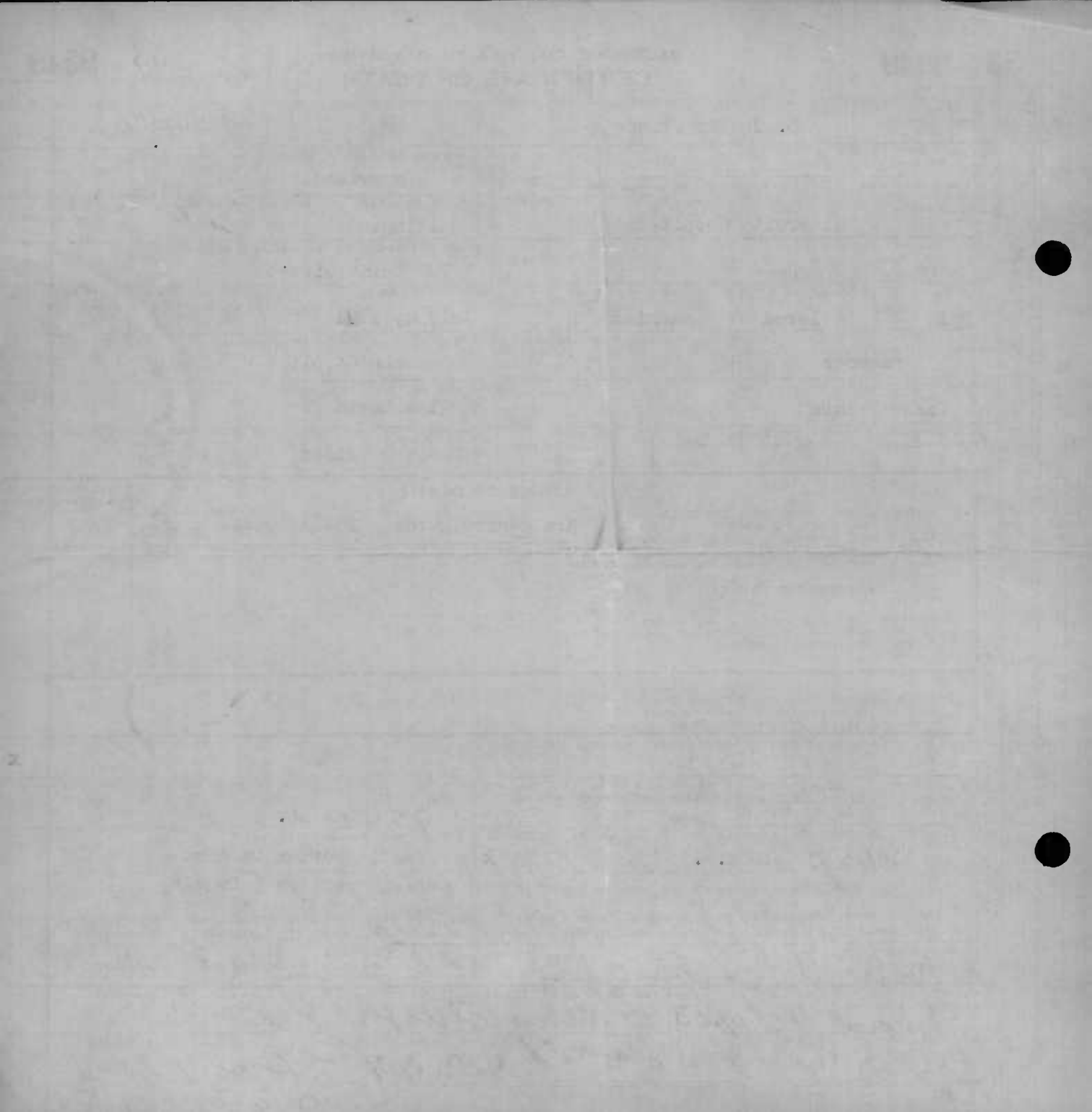
25. FUNERAL DIRECTOR

ADDRESS

VS 151

N948.2

9709908W Monty Omeny 88





M-322  
9250BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9250

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN MATUSZAK

2. DATE  
OF  
DEATH

Oct. 17-1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto. City

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

12168. Ellwood Ave.

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED, (Specify)  
Widowed10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR  
INDUSTRY  
Factories

13. FATHER'S NAME

Lawrence Matuszak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.  
212-10-3831

17. INFORMANT

ADDRESS

Wm. Matuszak 1105 S. Potomac St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Anteriosclerotic Cardiovascular  
Disease

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951 to Oct. 17, 1953 that I last saw the  
deceased alive on Oct. 17, 1953 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Clara W. Edwards M. D.

23b. ADDRESS

3023 Eastern Ave.

23c. DATE SIGNED

10/19/53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

Oct. 21-1953

24c. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24d. LOCATION (City, town, or county)

Balto. City

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M.

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave.

ADDRESS

OCT 19 1953

VS 150

77074

3000

73

CERTIFICATE OF DEATH

1900

JOHN W. LUTZAK

1861

1900

1900

CAUSE OF DEATH

Apoplexy of the brain

1900

1900

1900

1900

1900

1900

1900

1900

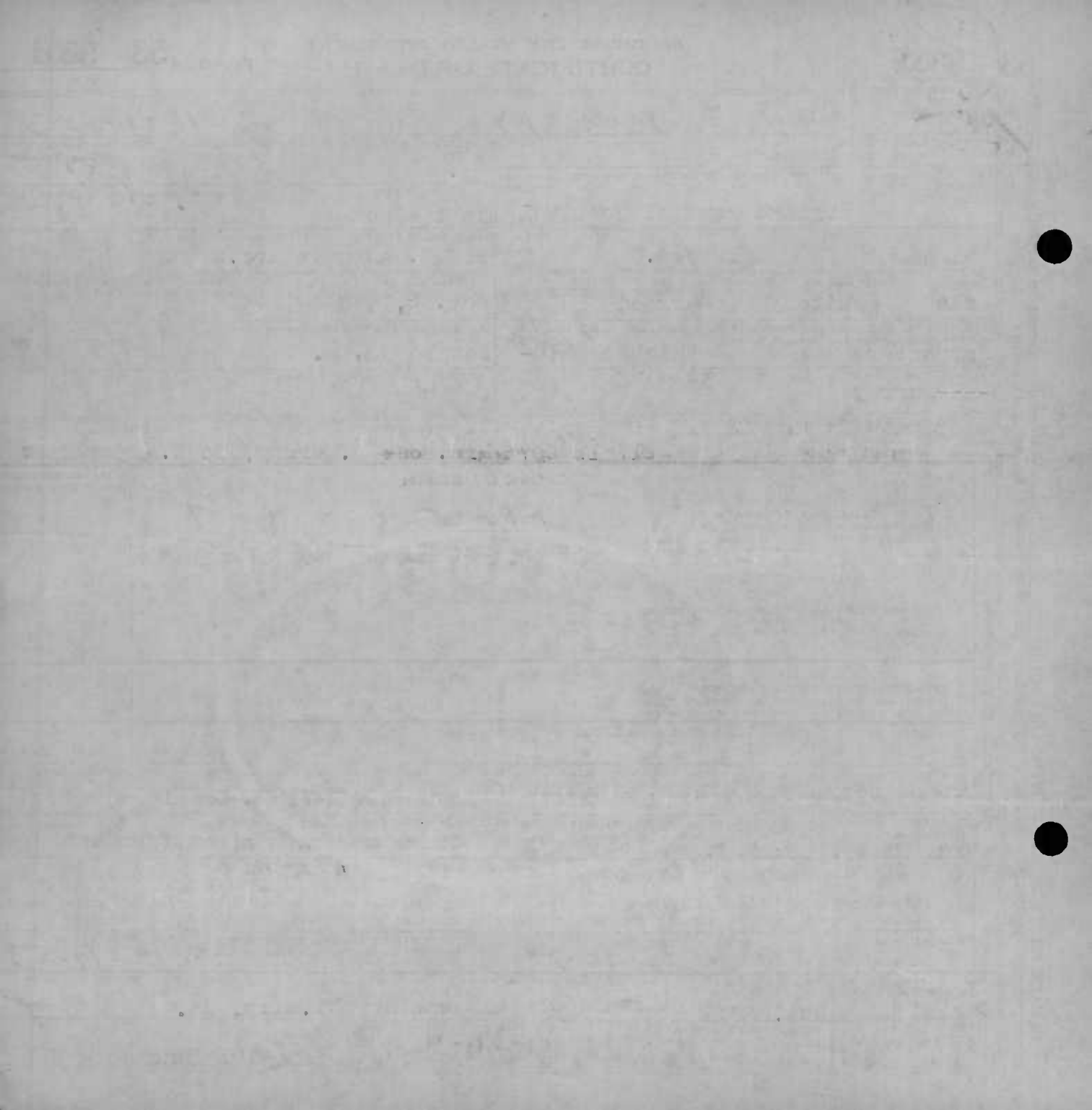
1900

1900

1900

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9251****7** M-600  
**9251**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JOHN G. MURRAY</b>		2. DATE OF DEATH <b>10-17-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>13 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>916 N. Augusta Ave.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 2, 1888</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bethlehem Ship-building</b>	9. AGE (in years last birthday) <b>64</b> If Under 1 Year Months Days If Under 24 Hours Hours Min.
13. FATHER'S NAME <b>---Murray</b>		11. BIRTHPLACE (State or foreign country) <b>Howard Co. Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>217 12 2072</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
17. INFORMANT <b>Mrs. Rose E. Murray</b>		ADDRESS <b>916 N. Augusta Ave</b>	
18. <b>E 910.31</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>FRACTURED 6-7</b> DUE TO <b>CERVICAL VERTEBRAE</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Industrial</b>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Bethlehem Steel Co.-Key Highway 22/1</b>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Oct. 12, 1953 3:15 P. m.</b>	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Struck on back by piece of lumber</b>	
22. I certify that I took charge of the remains described above, held an <b>AUTOPSY</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <b>Joseph A. Jachim</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <b>10-17-53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 20/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Howard Chapel Cemetery Mt. Airy, Md.</b>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR		ADDRESS	
<b>1001 191531</b>		<b>4101 Edmondson Av</b>	
<b>V S 151</b>		<b>N-805.0</b>	
<b>5103U</b>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 9252

 BIRTH NO. 53 9252

 1. NAME OF DECEASED  
(Type or Print) Irene Stewart

 2. DATE OF DEATH October 16, 1953

3. PLACE OF DEATH:

 A. Baltimore City, Maryland Order 4

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

 A. STATE md.

B. COUNTY

 B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

 D. STREET ADDRESS (If rural, give location) 2110 Barclay St.

 c. Length of stay in Baltimore 42 yrs.

 Yrs.  
Mos.  
Days

 5. SEX Female

 6. COLOR OR RACE Colored

 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

 8. DATE OF BIRTH 2-29-95

 9. AGE (In years last birthday) 58

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

 10B. KIND OF BUSINESS OR INDUSTRY Home

 11. BIRTHPLACE (State or foreign country) Midland, Va.

 12. CITIZEN OF WHAT COUNTRY? U.S.A.

 13. FATHER'S NAME Unknown

 14. MOTHER'S MAIDEN NAME Unknown

 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

 17. INFORMANT JOHNS HOPKINS HOSPITAL

ADDRESS

 18. 704.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

 DUE TO Pneumonia vulgaris
3 mo.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

Cerebral vascular accident
1 wk

 19A. DATE OF OPERATION 10-11-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

 YES ☐ NO ☐

 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

 WHILE AT WORK ☐

 NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from 8-11, 1953, to 10-16, 1953, that I last saw the deceased alive on 10-16, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

 23A. SIGNATURE Thomas R. Hendrix

M. D.

 23B. ADDRESS JOHNS HOPKINS HOSPITAL

 23C. DATE SIGNED 10-17-53

 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

 24B. DATE 10-21-53

 24C. NAME OF CEMETERY OR CREMATORY mt calvary cem

 24D. LOCATION (City, town, or county) Brooklyn, md

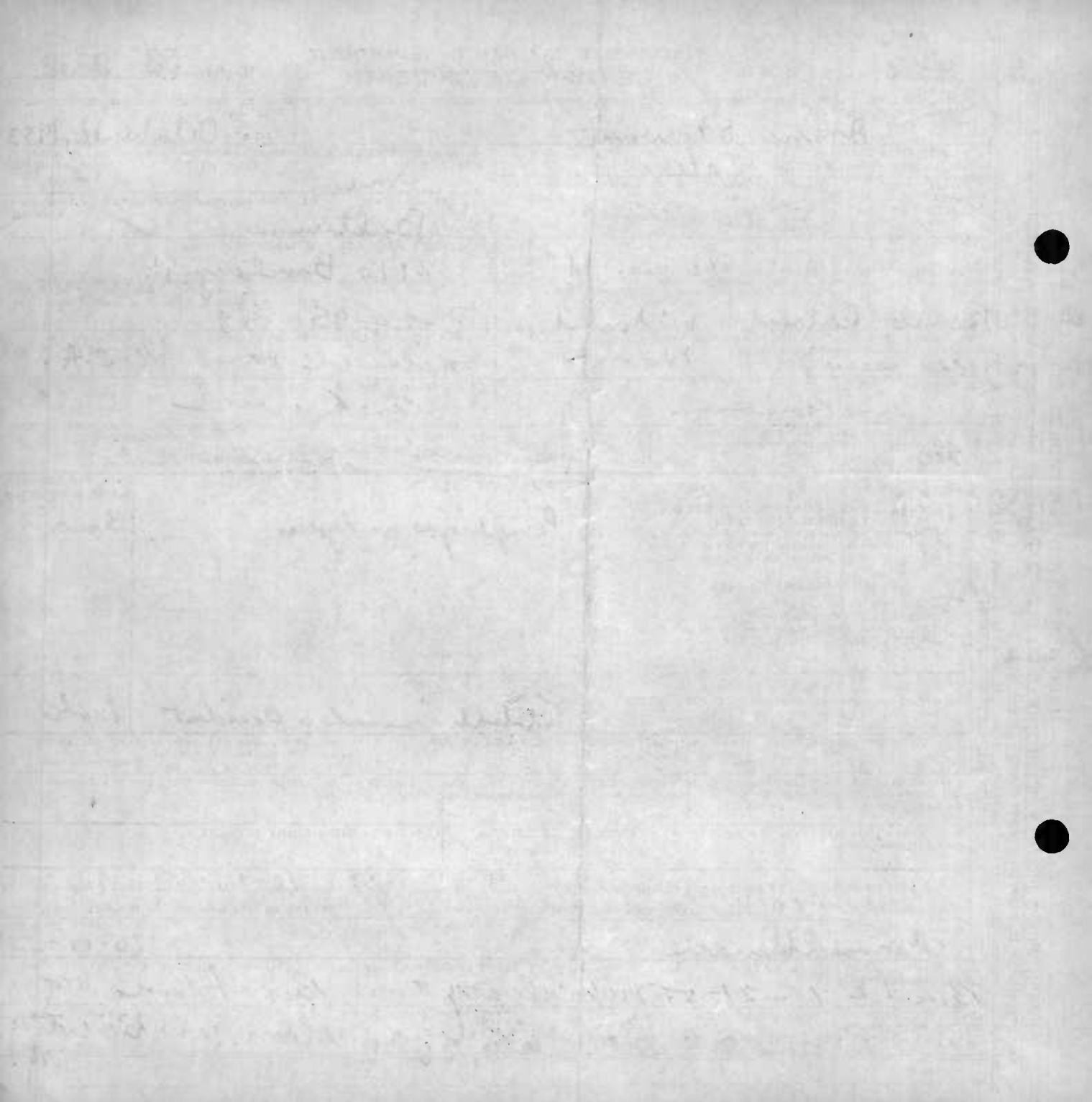
(State)

 DATE RECEIVED BY LOCAL REGISTRAR OCT 19 1953

 REGISTRAR'S SIGNATURE Huntington Williams

 25. FUNERAL DIRECTOR W. H. Wilson

 ADDRESS 100 Beatty





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9253

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOWARD ALLEN TITLE

2. DATE OF DEATH  
October 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Madonna (Rural)

D. STREET ADDRESS (If rural, give location)

White Hall RD

c. Length of stay in Baltimore

1 - Yrs.  
Mos.  
Days5. SEX  
male6. COLOR OR RACE  
colored7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

Feb 8 - 1902

9. AGE (in years last birthday)

51

10 Under 1 Year  
Months: Days

8 11

11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Black Horse md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Oliver Thomas Tittle

14. MOTHER'S MAIDEN NAME

Cassie B. Jamison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Cassie B. Tittle

ADDRESS

White Hall 2nd

18. E816.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Bronchopneumonia  
DUE TO Craniocerebral Injury

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Butler Rd, Glydon, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

9-19--53

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

passenger in auto which struck truck

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

10-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 22 - 53

24C. NAME OF CEMETERY OR CREMATORY

Mt Jay

24D. LOCATION (City, town, or county)

Monkton

(State)

md

DATE RECEIVED BY LOCAL REGISTRAR

OCT 19 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

E. C. Fultz

ADDRESS

Jarrettville

VS 151

N 856.2

82010

1880

OFFICE OF THE

1880

2-452

53 9254

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9254

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lillian M. Reuling

2. DATE  
OF  
DEATH

10/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2003 Ramsay St.

5. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10. KIND OF BUSINESS OR  
INDUSTRY

at Home

9. FATHER'S NAME

Frederick Knapp

11. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(es, no or unknown)12. SOCIAL  
SECURITY NO.

B. DATE OF BIRTH

8/5/1897

9. AGE (In years  
last birth day)

56

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Gunda Depkins

17. INFORMANT

ADDRESS

Mr. Maurice Reuling Ramsay

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Generalized Carcinomatous

DUE TO

7 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma Left breast

DUE TO

8 yrs.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Approx 1945.

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Left breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1953 to Oct 12, 1953 that I last saw the  
deceased alive on Oct. 18, 1953, and that death occurred at 9:02 PM, from the causes and on the date stated above.

23. SIGNATURE

Hunt W. Lantz

M. D.

23B. ADDRESS

3321 Fredrick Ave

23C. DATE SIGNED

Oct 19 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county) •

4300 Old Frederick Rd.

(State)

Baltimore

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 19 1953

REGISTRAR'S SIGNATURE

Huntington Hollins

25. FUNERAL DIRECTOR

John C. Swanson

ADDRESS

2841

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

1911

STATE OF TEXAS

THE STATE OF TEXAS, COUNTY OF DALLAS, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the State of Texas.

WITNESSED my hand and the seal of the State of Texas at Austin, this 1st day of January, 1911.

JOHN W. HANCOCK, Governor of Texas.

Attest: JOHN W. HANCOCK, Governor of Texas.

JOHN W. HANCOCK, Governor of Texas.

JOHN W. HANCOCK, Governor of Texas.

JOHN W. HANCOCK, Governor of Texas.

JOHN W. HANCOCK, Governor of Texas.

JOHN W. HANCOCK, Governor of Texas.

U-462

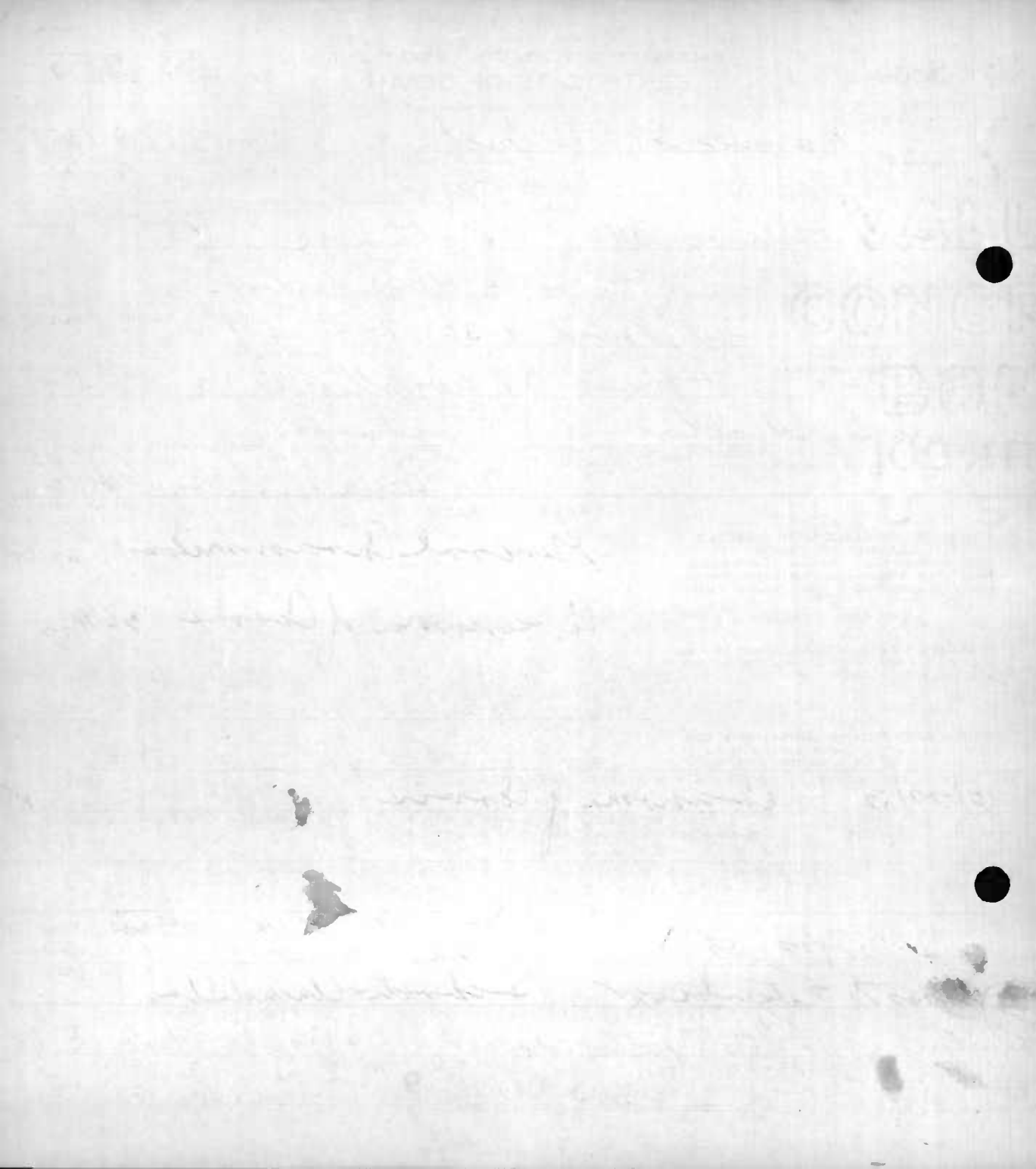
53 9255

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9255

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hannie D. Ulrich</i>		2. DATE OF DEATH <i>10/18/53</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>19-04</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>214 So. Gilmore St.</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. LENGTH OF STAY IN BALTIMORE <i>50</i>		8. STREET ADDRESS (If rural, give location) <i>214 So. Gilmore St.</i>	
9. SEX <i>M</i>	10. COLOR OR RACE <i>W.</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	12. DATE OF BIRTH <i>8/30/1884</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	14. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	15. AGE (In years last birthday) <i>69</i>	16. CITIZENSHIP (What country) <i>USA</i>
17. FATHER'S NAME <i>Samuel Walton</i>		18. MOTHER'S MAIDEN NAME <i>Unknown</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>-</i>		20. SOCIAL SECURITY NO. <i>-</i>	
21. INFORMANT <i>Mrs. Teresa D. Sellman</i>		22. ADDRESS <i>845 Washington St.</i>	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>General Anasarca 8 months</i>		24. INTERVAL BETWEEN ONSET AND DEATH <i>26 Mos</i>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Cervix</i>		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
27. DATE OF OPERATION <i>10/27/52</i>		28. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Cervix</i>	
29. ACCIDENT, SUICIDE, HOMICIDE (Specify)		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		32. HOW DID INJURY OCCUR?	
33. TIME (Month) (Day) (Year) (Hour) <i>10/17/53</i>		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
35. I hereby certify that I attended the deceased from <i>8/4</i> , 19 <i>52</i> , to <i>10/18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10/17</i> , 19 <i>53</i> , and that death occurred at <i>26</i> m., from the causes and on the date stated above.		36. SIGNATURE <i>James H. Katzenberg</i>	
37. ADDRESS <i>1 Schrock + Angstadt Dr.</i>		38. DATE SIGNED	
39. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		40. DATE <i>10/22/53</i>	
41. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>		42. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd. Baltimore, Md.</i>	
43. DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 19 1953</i>		44. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
45. FUNERAL DIRECTOR <i>John J. Cowan + Son</i>		46. ADDRESS <i>177</i>	





M-245

53 9256

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9256

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William J. McElone

2. DATE  
OF  
DEATH

10/18/53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

410 Gwynn Ave

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

Life

6. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

married

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

stereotypist

10a. KIND OF BUSINESS OR  
INDUSTRY

C. Bell Co

9. FATHER'S NAME

William J. McElone

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

yes

(If yes, give war or dates of service)  
World War I16. SOCIAL  
SECURITY NO.

-

8. DATE OF BIRTH

7/21/1892

9. AGE (In years  
last birthday)

61

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Loretta Collins

17. INFORMANT

Mrs Anna L. McElone Gwynn

ADDRESS

410 Gwynn Ave

18. 42011 and 32211

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

1 Hour

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

chronic alcoholism

20 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15-53, 19\_\_, to 10-18-53, 19\_\_, that I last saw the  
deceased alive on 10-18-53, 19\_\_, and that death occurred at 8<sup>00</sup> A.M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Roever

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

10-19-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

New Balto National

24D. LOCATION (City, town, or county)

5501 Frederick Ave

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston, Baltimore, MD

25. FUNERAL DIRECTOR

John J. Gloran &amp; Son Hollins

ADDRESS

512 4th

OCT 19 1953



G-620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9257

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Turley  
FLORENCE I GRASSE2. DATE  
OF  
DEATH

10/18/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Church Home + Hospital

c. Length of stay in Baltimore

34

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John Wm. Ousley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Broadway &amp; Fairmount (Church Home)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days Hours Min.

Sept 28, 1872

81

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Mary Ann Watkins

17. INFORMANT

ADDRESS

Church Home

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

1 yr +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) General Arteriosclerosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Oct 17, 1953, that I last saw the deceased alive on Oct 17, 1953, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

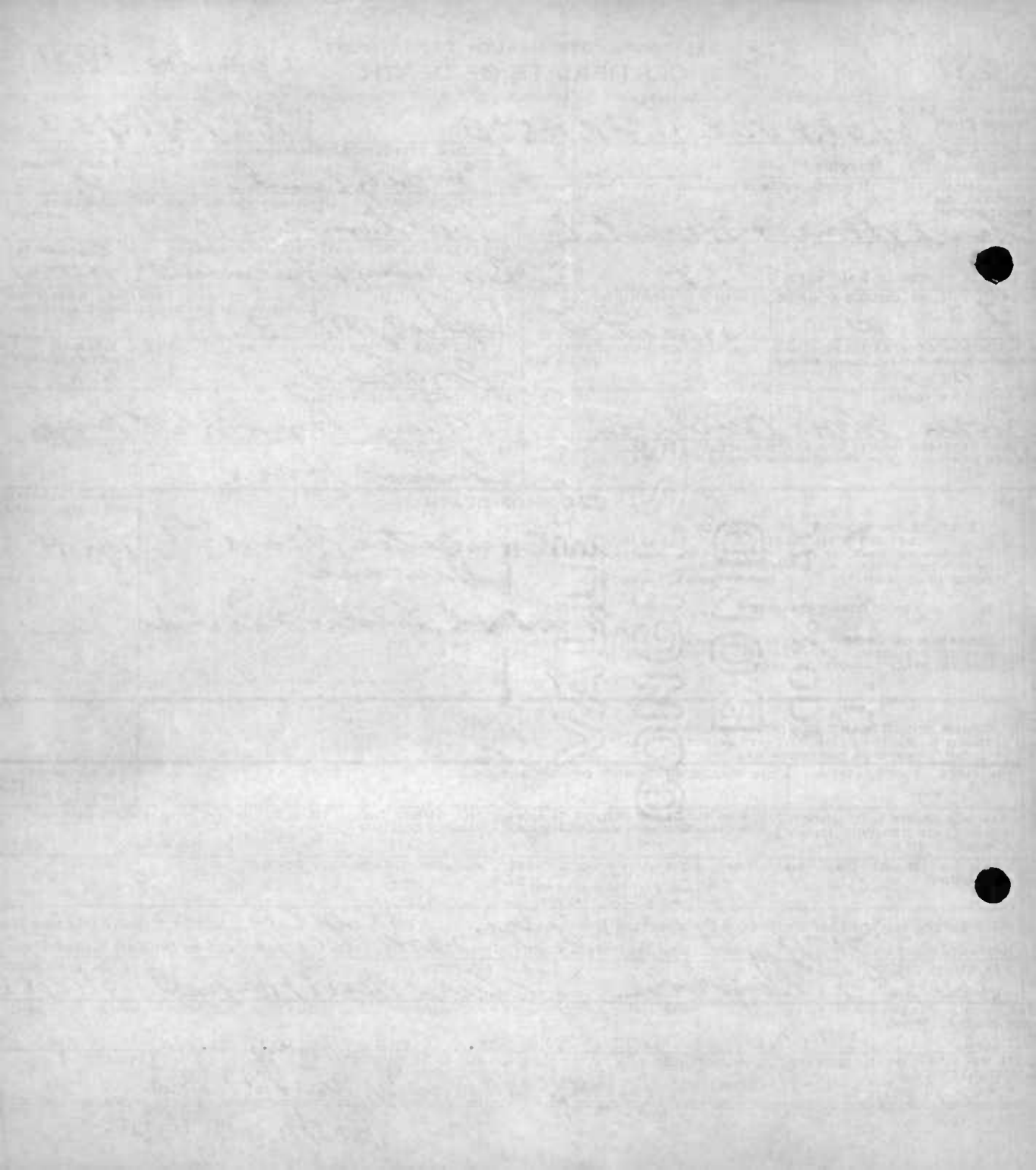
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

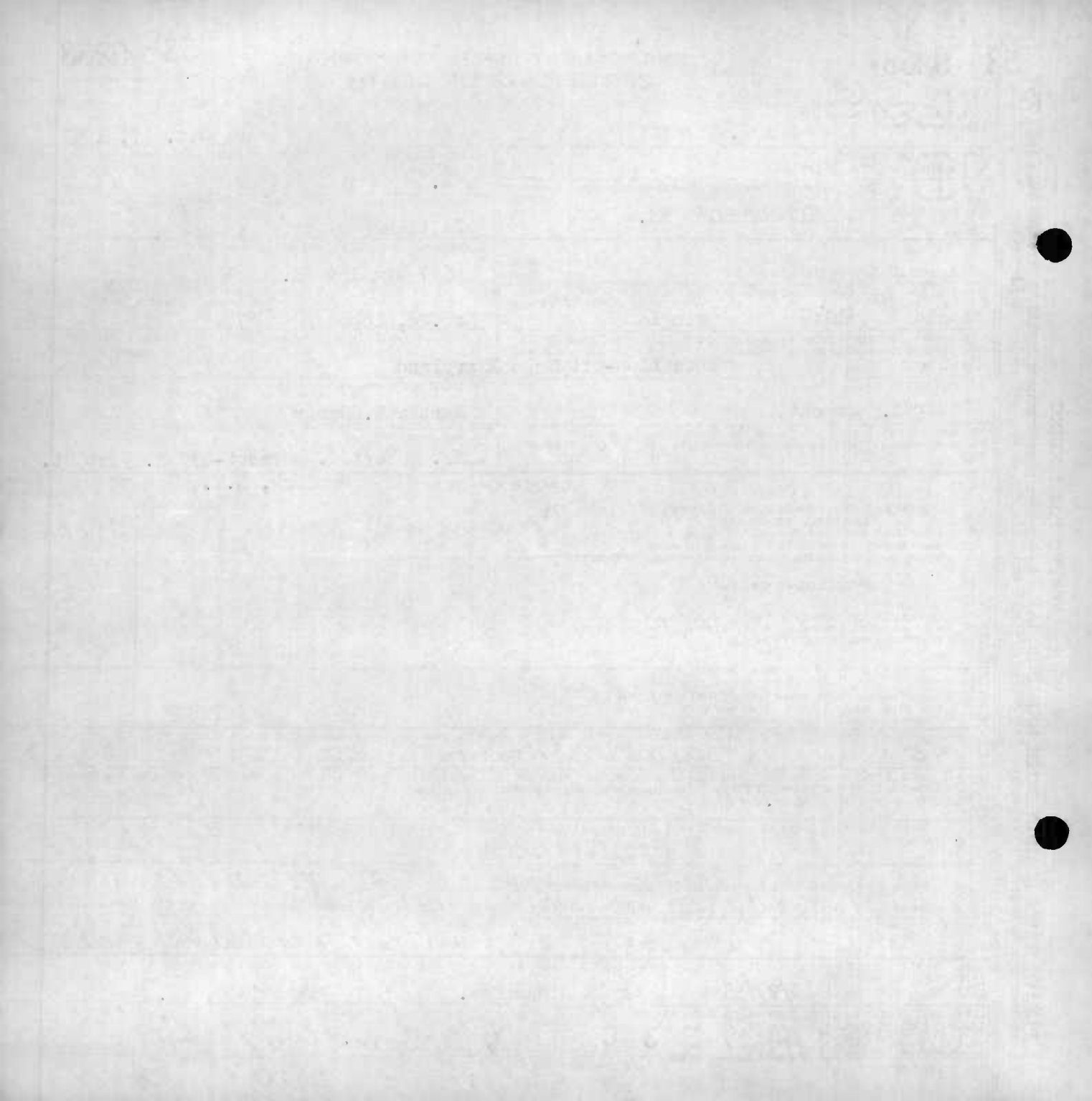
VS 150



53 9258

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9258  
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) <b>ADA B. NORMENT</b>			2. DATE OF DEATH <b>Oct. 17, 1953</b>
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>27-14</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>4617 Wilmslow Rd.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>4617 Wimslow Rd.</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Mar. 28, 1886</b>
9. AGE (In years last birthday) <b>67</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Education-City School</b>	
13. FATHER'S NAME <b>Richard B. Norment</b>		14. MOTHER'S MAIDEN NAME <b>Martha V. Starr</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Mr. Robert T. Norment-433 E. 51st St.</b>		ADDRESS	
18. <b>175X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma, ovary</b> DUE TO CAUSE OF DEATH <b>New York, N.Y.</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>1952</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>intestinal obstruction</b>	
IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Nov 57</b> , to <b>17 Oct</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>16 Oct</b> , 19 <b>53</b> , and that death occurred at <b>10 A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>[Signature]</b>		23B. ADDRESS <b>1261 East Belvedere Ave</b>	
23C. DATE SIGNED <b>19 Oct 53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/20/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS <b>[Signature]</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>			





53 9259

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9259

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CLARA V. FORREST		2. DATE OF DEATH Oct. 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 7-02 C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 809 N. Rose St.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 10. Length of stay in Baltimore			5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Mar. 26, 1883 9. AGE (in years last birthday) 70 10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress (rtd) 10. B. KIND OF BUSINESS OR INDUSTRY Overall Mfg.		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles E. Forrest			14. MOTHER'S MAIDEN NAME Annie E. Hyson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 214-01-5576A		
17. INFORMANT Mr. O. Norman Forrest			ADDRESS 5709 Aberdeen Rd. Bethesda 14, Md.		
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocarditis DUE TO ANTECEDENT CAUSES (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatoid multiple Arthritis. Interval between onset and death Several years. Ten years.			19. DATE OF OPERATION 0 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 8, 1950, to Oct. 17, 1953, that I last saw the deceased alive on Oct. 17, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Frank N. Oden			23B. ADDRESS 2701 W. Calvert St.		
23C. DATE SIGNED Oct. 19, 1953			23D. M. D.		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/20/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR OCT 19 1953		24F. REGISTRAR'S SIGNATURE Huntington	
24G. FUNERAL DIRECTOR ADDRESS		24H. DATE RECEIVED BY LOCAL REGISTRAR		24I. REGISTRAR'S SIGNATURE	
24J. DATE RECEIVED BY LOCAL REGISTRAR		24K. REGISTRAR'S SIGNATURE		24L. DATE RECEIVED BY LOCAL REGISTRAR	



B-526

53 9260

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9260

1. NAME OF DECEASED (Type or Print) <i>Emma O. Bancroft</i>			2. DATE OF DEATH <i>Oct. 17, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>16-05</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. LENGTH OF STAY IN BALTIMORE <i>Life</i>			E. STREET ADDRESS (If rural, give location) <i>2310 Edmondson Ave #23</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 5, 1865</i>		9. AGE (In years last birthday) <i>87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>John Ludwig</i>			14. MOTHER'S MAIDEN NAME <i>Katherine</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Alpha S. Bancroft</i>	
				ADDRESS <i>2310 Edmondson Ave #23</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brachio pneumonia, right</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Heart Disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>10/21/53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Oct. 15*, 1953, to *Oct. 17*, 1953, that I last saw the deceased alive on *Oct. 17*, 1953, and that death occurred at *9:45 A* m., from the causes and on the date stated above.

23A. SIGNATURE  
*Valeriana B. Castillo*

23B. ADDRESS  
*Maryland General Hospital*

24A. BURIAL, CREMATION, REMOVAL (Specify)  
*Burial*

24B. DATE  
*10/21/53*

24C. NAME OF CEMETERY OR CREMATORY  
*Green Mount Cem.*

24D. LOCATION (City, town, or county) (State)  
*Balto., Md.*

25. FUNERAL DIRECTOR  
*Wm. J. Dickner & Sons*

ADDRESS  
*Balto., Md.*

DATE RECEIVED BY LOCAL REGISTRAR  
*OCT 19 1953*

REGISTRAR'S SIGNATURE  
*Huntington Williams, Jr.*

VS 150

0052

10/1/50

FOR THE RECORD

10/1/50

RECEIVED

10/1/50

10/1/50

10/1/50

10/1/50

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10/1/50

10/1/50

10/1/50

10/1/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9261

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry Witch

2. DATE  
OF  
DEATH

Oct. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

J. Edgar Thayer

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

STATE

B. COUNTY

before admission)

5. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Pen Mar  
Box 86

C. Length of stay in Baltimore

Yrs.

Mos.

Days

6. SEX

7. COLOR OR RACE

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

9. DATE OF BIRTH

10. AGE (in years last birthday)

11. Under 1 Year

12. Under 24 Hours

Male

White

Married

3-31-88

65

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Woodshop

11. BIRTHPLACE (State or foreign country)

Franklin Co. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel M. Ditch

14. MOTHER'S MAIDEN NAME

Mary P. Little

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO. 220-16-1387

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 330x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Intracranial aneurysm  
rupture Right internal  
carotid artery

18 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

no

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 10-4-1953 to 10-17-1953, that I last saw the deceased alive on 10-17-1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

20m4 Dues

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-17-53

24A. BURIAL OR CREMATION (Specify)

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

Burns Hill

24D. LOCATION (city, town, or county)

Waynesboro, Pa

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Walter Y. Grove

ADDRESS

Waynesboro, Pa

OCT 19 1953

VS 150

5,032

Apr 2000

unimpaired  
lighter than  
the others

or

10.15.1

new 11.15.1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9262

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Theresa Hassel

2. DATE OF DEATH

Oct-18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oster 3

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

Baltimore

26-09

D. STREET ADDRESS (If rural, give location)

502 S. Eaton St

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

7-12-71

9. AGE (In years last birthday)

82

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Wolfman

14. MOTHER'S MAIDEN NAME

Bertha Rusker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 199.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinomatosis, site of origin undetermined

INTERVAL BETWEEN ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

Unknown

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13, 1953, to Oct 18, 1953, that I last saw the deceased alive on Oct 18, 1953, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Higgins, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Trinity

24D. LOCATION (City, town, or county)

O'Donnell St. Md.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 19 1953

REGISTRAR'S SIGNATURE

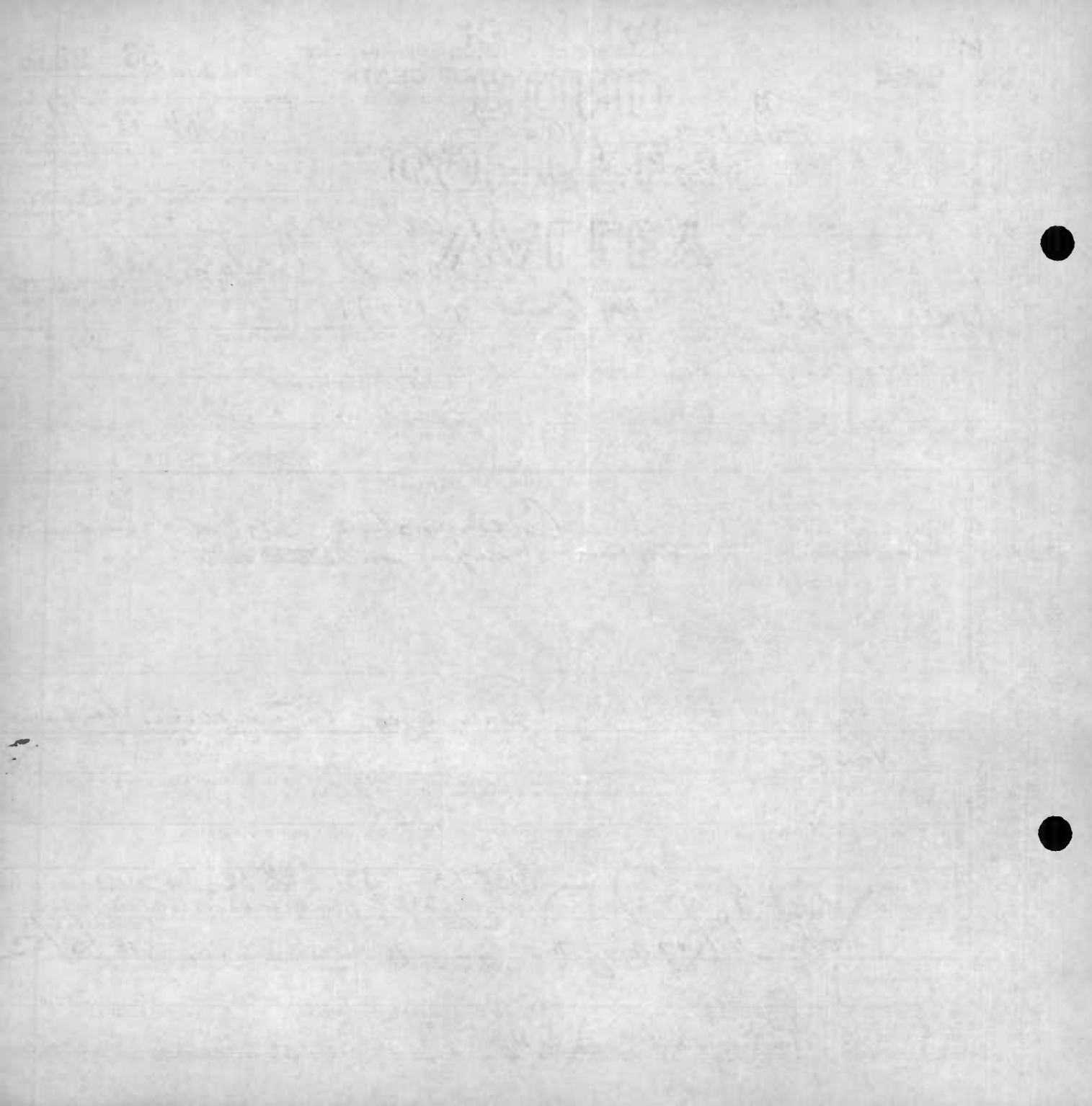
Huntington

25. FUNERAL DIRECTOR

John J. Connelly

ADDRESS

Emery 21



## APPROVAL CASE.

9268M-460

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9263

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Miller George C.

2. DATE  
OF  
DEATH

10/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Agnes Hospital

Md. Montgomery Rd.

C. CITY OR TOWN

Ellicott City

D. STREET ADDRESS (If rural, give location)

Montgomery Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/22/94

9. AGE (In years  
last birthday)

59

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Contractor painter

10B. KIND OF BUSINESS OR  
INDUSTRY

Painter

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

Unknown

13. FATHER'S NAME

Gottlieb Miller

14. MOTHER'S MAIDEN NAME

Antonia Gähle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

Unknown

16. SOCIAL  
SECURITY NO.

219-32-1049

17. INFORMANT

ADDRESS

St. Agnes Hospital Records

18. 465X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pulmonary Embolus from  
leg vein (Autopsy)

10/18/53

CERTIFICATION APPROVED BY

W. J. [Signature]

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED  
CAUSE OF DEATH? PART I OR PART II20. AUTOPSY?  
MEDICAL EXAMINER? YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK  
NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13/53, 19\_\_, to 10/18/53, 19\_\_, that I last saw the  
deceased alive on 10/18/53, 19\_\_, and that death occurred at 7:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

B. Martin Middleton M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10/18/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Ellicott City, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

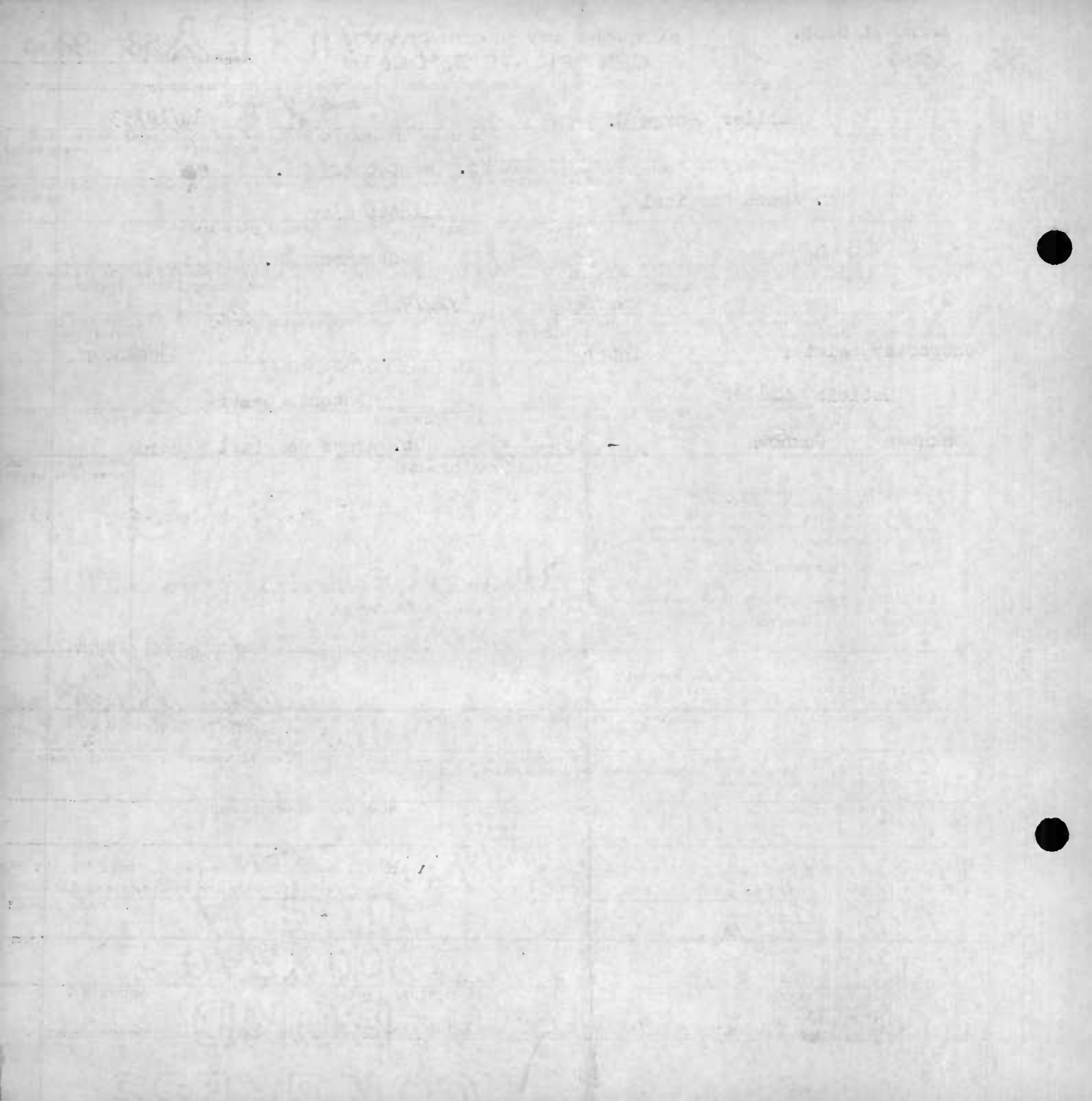
25. FUNERAL DIRECTOR

Easton Squ. - Patonsville, Md.

ADDRESS

VS 150

56424









BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9265  
Registered No.

BIRTH NO. 53-14726

1. NAME OF DECEASED  
(Type or Print)

LARRY GALLUP

2. DATE  
OF  
DEATH

10-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY  
B. FULL NAME OF (If not in hospital or institution, give street address or location)  
BALTO. CITY HOSP.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE MARYLAND B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BALTIMORE 26-3D. STREET ADDRESS (If rural, give location)  
1146 DUNDALK AVE

c. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

MALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

JUNE 30, 1963

9. AGE (in years  
last birthday)10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
BALTIMORE Md.12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

EDWARD GALLUP

14. MOTHER'S MAIDEN NAME

ETHEL HAMMEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 1146  
EDWARD GALLUP DUNDALK

18. 492X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

INTERSTITIAL  
PNEUMONITIS

ANTECEDENT CAUSES

(B) DUE TO  
(C)DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an \_\_\_\_\_ thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.  
Autopsy, Inspection or Inquiry

23A. SIGNATURE

Joseph A. Jackson

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

10-18-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

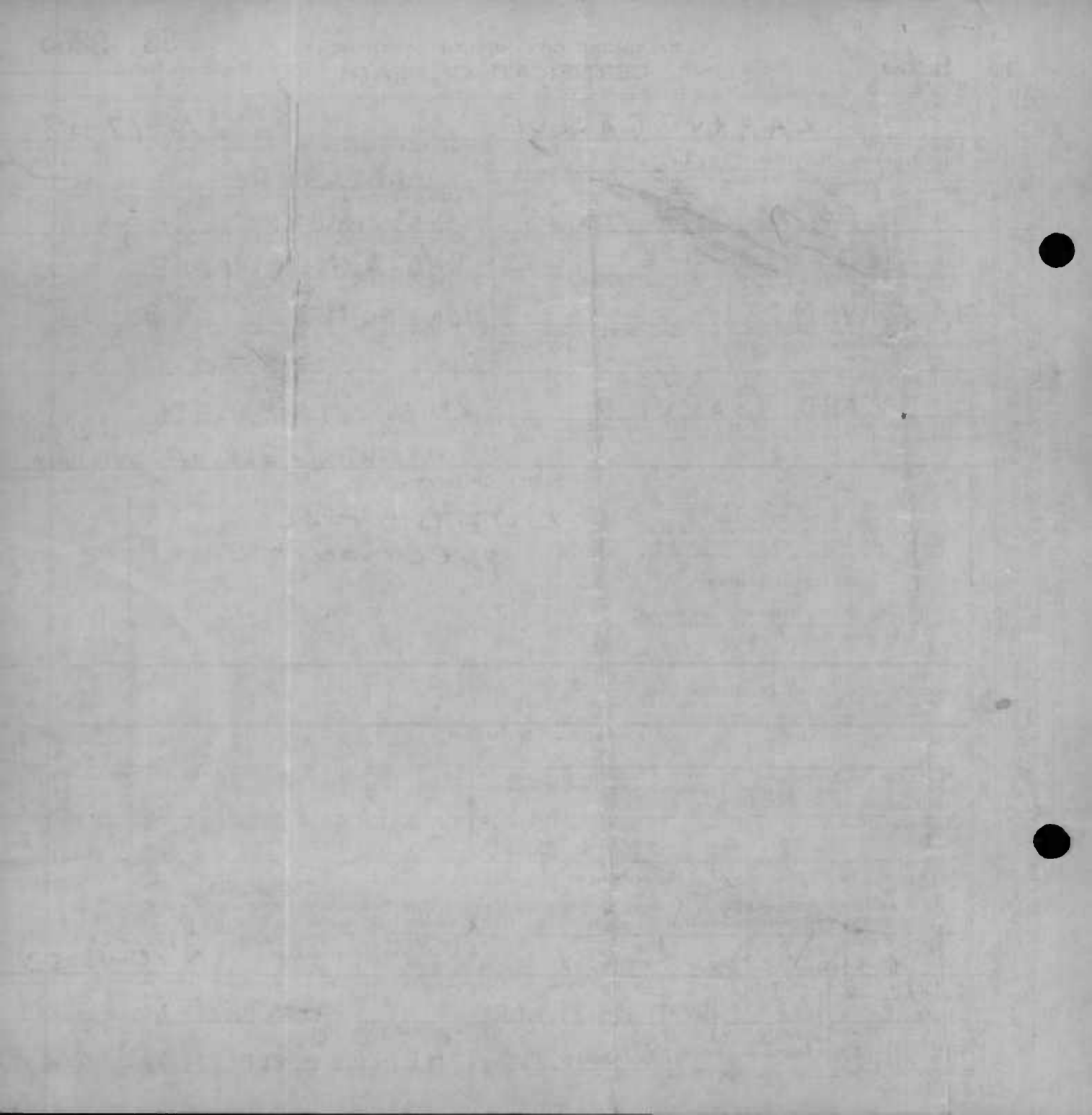
(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



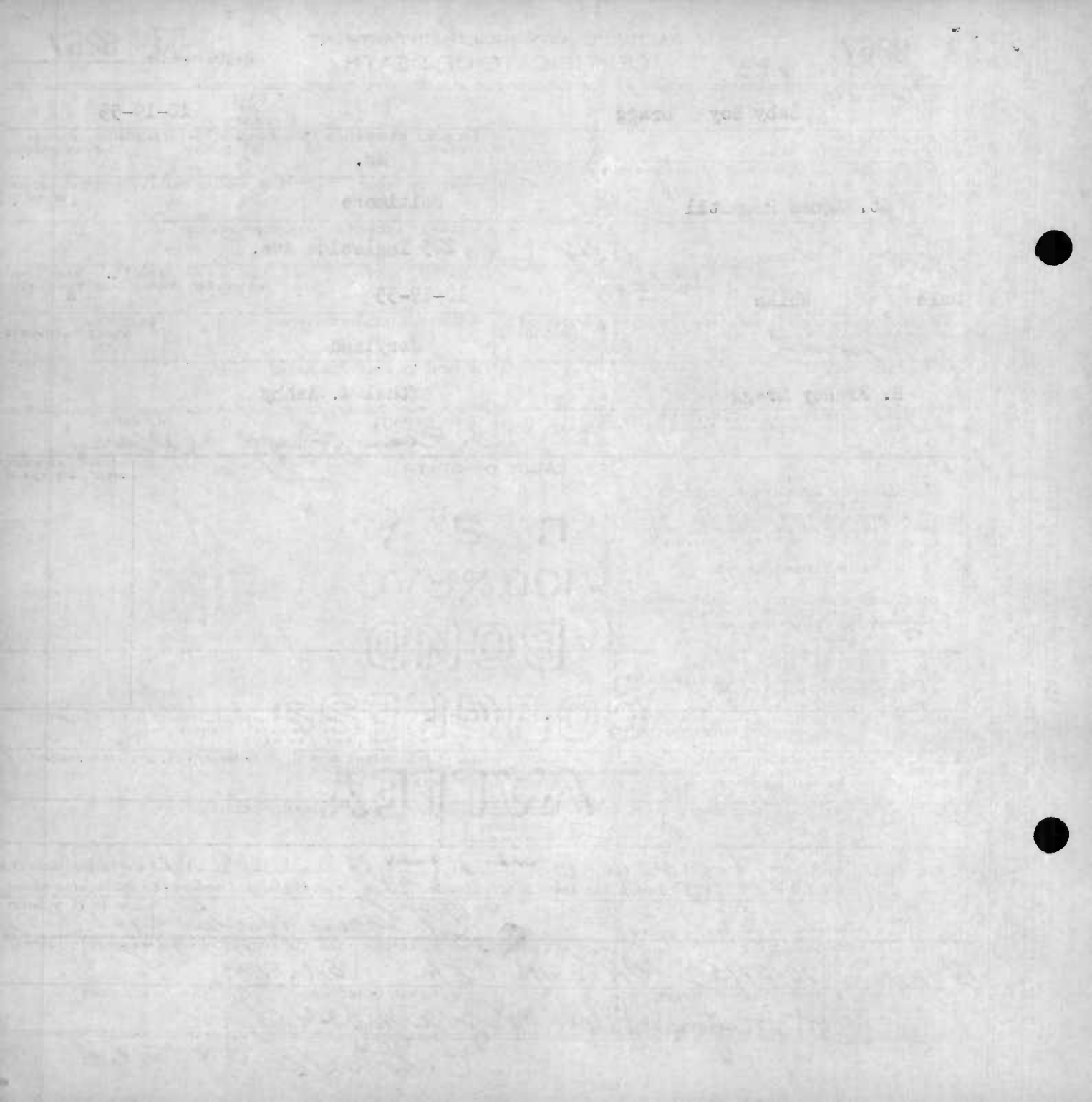
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9266BIRTH NO. 53 9266

1. NAME OF DECEASED (Type or Print) <b>ALFRED PRESTON JAMES</b>		2. DATE OF DEATH <b>Oct. 19, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Talbot</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Public Health Service Hospital</b> <b>Lyman Pk. Drive &amp; 31st Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Tilghman</b>	
6. Length of stay in Baltimore <b>2 1/2 hours</b>		D. STREET ADDRESS (If rural, give location) <b>7000</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>10/13/92</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fisherman</b>		12. AGE (In years last birthday) <b>61</b>	13. If Under 1 Year Months Days <b>11 Days</b>
14. KIND OF BUSINESS OR INDUSTRY		15. BIRTHPLACE (State or foreign country) <b>Maryland</b>	16. CITIZEN OF WHAT COUNTRY? <b>USA</b>
17. FATHER'S NAME <b>William James</b>		18. MOTHER'S MAIDEN NAME <b>Anna B. Copper</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>yes.</b>		20. SOCIAL SECURITY NO. <b>216-14-2758</b>	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>yes.</b>		22. ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>	
23. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ACUTE MYOCARDIAL INSUFFICIENCY</b>		24. INTERVAL BETWEEN ONSET AND DEATH <b>11 Days</b>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>		26. UNKNOWN	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>PORTAL CIRRHOSIS</b>		28. UNKNOWN	
29. DATE OF OPERATION <b>7</b>	30. CONDITION FOR WHICH OPERATION WAS PERFORMED	31. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	32. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
33. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	35. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
36. TIME (Month) (Day) (Year) (Hour) OF INJURY	37. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	38. HOW DID INJURY OCCUR?	
39. I hereby certify that I attended the deceased from <b>Oct. 19 1953</b> to <b>Oct. 19, 1953</b> that I last saw the deceased alive on <b>Oct. 19, 1953</b> and that death occurred at <b>2:55 P.m.</b> , from the causes and on the date stated above.			
40. SIGNATURE <b>Seymour Dubroff</b>		41. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	42. DATE SIGNED <b>10-19-53</b>
43. BURIAL OR CREMATION (Specify)	44. DATE <b>Oct. 22</b>	45. NAME OF CEMETERY OR CREMATORY <b>Tilghman Methodist</b>	46. LOCATION (City, town, or county) (State) <b>Tilghman Md</b>
47. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1953</b>	48. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	49. FUNERAL DIRECTOR <b>W. J. Fieldmore</b>	50. ADDRESS <b>Tilghman Md</b>



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9267**13-620  
53 9267  
BIRTH NO. **53-26455**

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Bragg</b>		2. DATE OF DEATH <b>10-19-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>1 day</b>		D. STREET ADDRESS (If rural, give location) <b>205 Ingleside Ave.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>—</b>	8. DATE OF BIRTH <b>10-19-53</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>8</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>B. Finney Bragg</b>		14. MOTHER'S MAIDEN NAME <b>Ethel A. Ashby</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>B. Finney Bragg</b>		ADDRESS <b>(same)</b>	
18. <b>776 x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>prematurity</b> DUE TO CAUSE OF DEATH <b>prematurity</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-19, 1953</b> to <b>10-19, 1953</b> that I last saw the deceased alive on <b>10-19, 1953</b> , and that death occurred at <b>6:20 P.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Calvin Colin Luy</b>		23B. ADDRESS <b>St Agnes Hosp</b>	
23C. DATE SIGNED <b>10-19-53</b>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10/21/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>ORLEANS CEM.</b>		24D. LOCATION (City, town, or county) (State) <b>ORLEANS, VA.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JUL 20 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>W. H. Napp &amp; Son</b>		ADDRESS <b>Charlottesville 28 Md.</b>	





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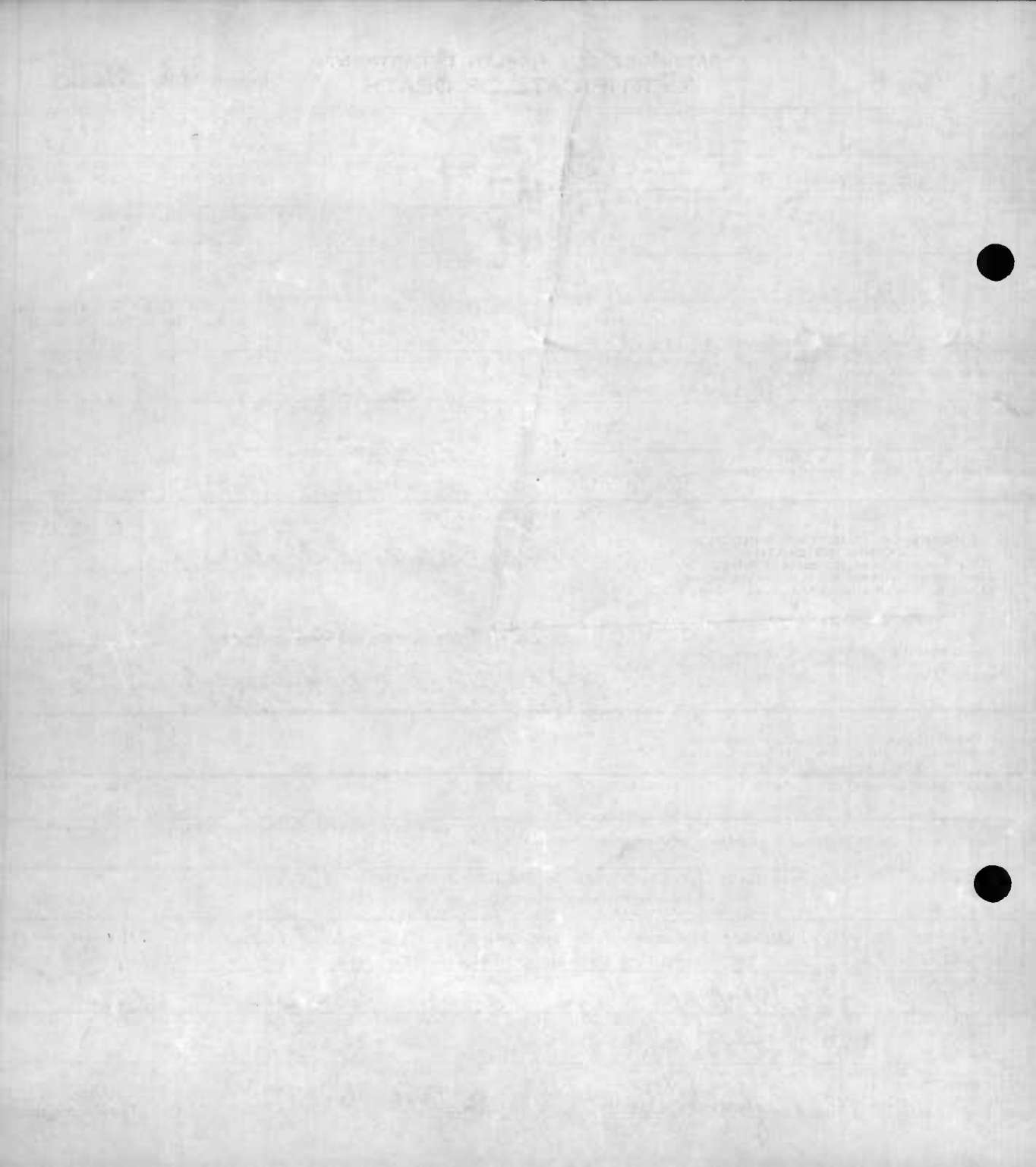
53 9268  
BIRTH NO.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 9268**

1. NAME OF DECEASED (Type or Print) <b>Harry Hays</b>				2. DATE OF DEATH <b>Oct 19, 1953</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>107 N. Monroe</b>				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE _____ B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Harry Hays</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balti. City 20-01</b>	
6. Length of stay in Baltimore <b>40</b> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>107 N. Monroe St.</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Feb. 28 - 1905</b>	11. AGE (In years last birthday) <b>48</b>	12. Under 1 Year Months: Days: Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Reading</b>			14. KIND OF BUSINESS OR INDUSTRY <b>Reading Co.</b>		
15. FATHER'S NAME <b>Unknown</b>			16. MOTHER'S MAIDEN NAME <b>Unknown</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			18. SOCIAL SECURITY NO. <b>215-09-9988</b>		
19. DATE OF OPERATION <b>0</b>			20. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
23. TIME (Month) (Day) (Year) (Hour) OF INJURY			24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			26. HOW DID INJURY OCCUR?		
27. I hereby certify that I attended the deceased from <b>May 4, 1953</b> to <b>Oct 19, 1953</b> , that I last saw the deceased alive on <b>Oct 15, 1953</b> , and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.					
28. SIGNATURE <b>J. D. Borofsky M.D.</b>			29. DATE SIGNED <b>10/19/53</b>		
30. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			31. DATE <b>Oct 23 1953</b>		
32. NAME OF CEMETERY OR CREMATORY <b>Ind. Calvary Cemetery</b>			33. LOCATION (City, town, or county) <b>Balti.</b>		
34. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1953</b>			35. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		
36. FUNERAL DIRECTOR <b>B. Spiggle</b>			37. ADDRESS <b>139 W. Hamling St.</b>		

69099



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9269  
Registered No.53 9269  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Randolph N. Phipps

2. DATE  
OF  
DEATH

Oct. 18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

936 N. Duncan St.

B. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 7-03

D. STREET ADDRESS (If rural, give location)

936 N. Duncan St.

c. Length of stay in Baltimore

72 yrs.

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 11/76

9. AGE (In years

last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Hochschild &amp; Son

11. BIRTHPLACE (State or foreign country)

A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Randolph Phipps

14. MOTHER'S MAIDEN NAME

Lucretia Tydings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-10-4497

17. INFORMANT

Mrs. Susan Plannery Lafayette

ADDRESS 1734 E.

18. 153X and 002X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary, colon

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Tuberculosis, pulmonary, chronic

app. 4 yrs.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (if in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Sep, 1953, to 18 Oct, 1953, that I last saw the deceased alive on 18 Oct, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Howard [signature]

M. D.

23B. ADDRESS

1515 N. Milken Ave

23C. DATE SIGNED

19 Oct 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct. 22/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Philip Henry Sons

ADDRESS 2024

Orleans St

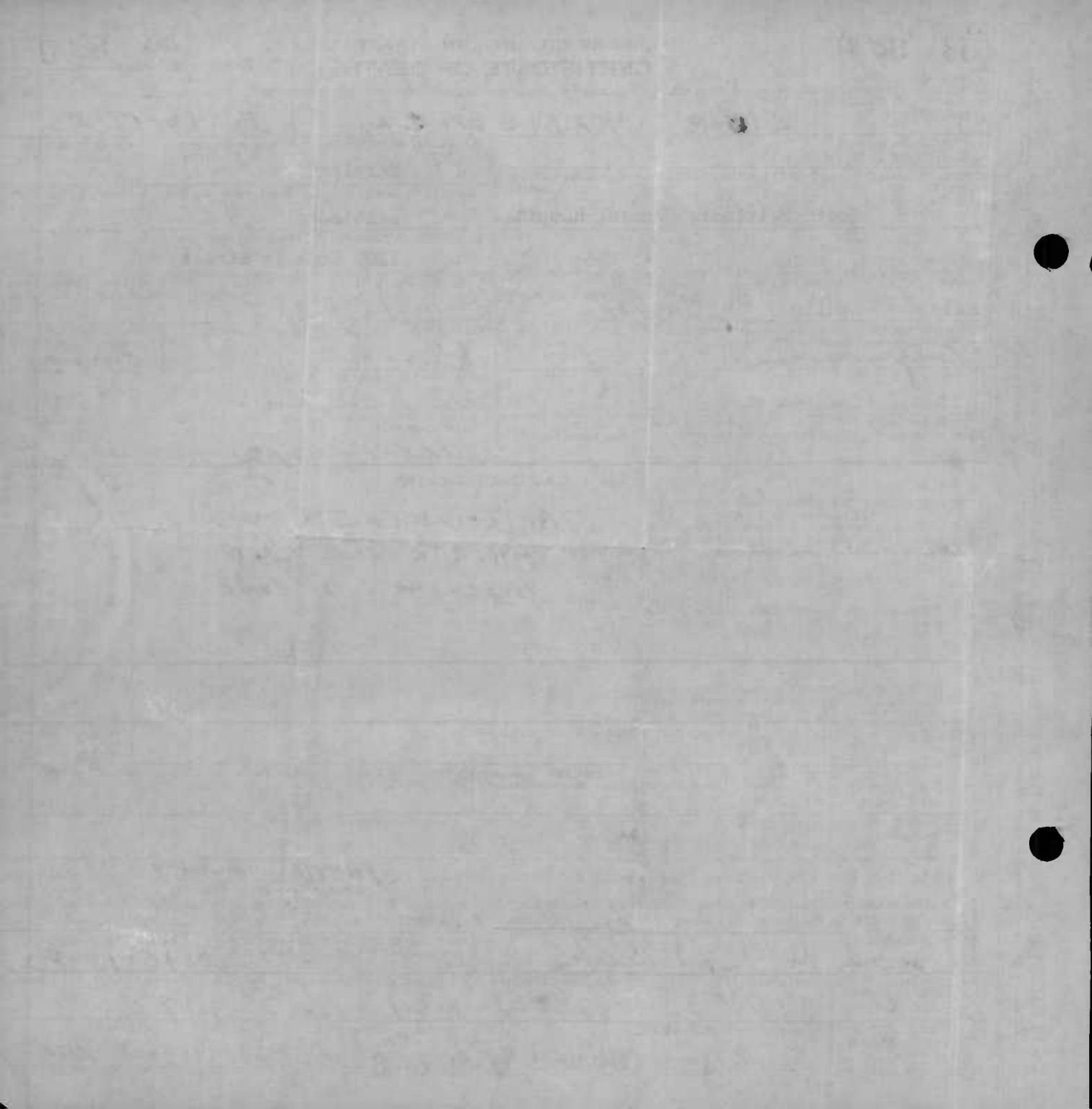
Dr. Goodman  
1513 N. Milton Ave  
9-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 9270

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Sidor UKASIEWICZ</b>		2. DATE OF DEATH <b>10-17-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore 24-01</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>South Baltimore General Hospital</b>		C. STREET ADDRESS (If rural, give location) <b>1202 Cooksie Street</b>		6. Length of stay in Baltimore <b>35 yrs.</b> Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 1895</b>	9. AGE (in years last birthday) <b>58</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Longshoreman</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Russia</b>	
13. FATHER'S NAME <b>unknown</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>Russian</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Stephen Zactey</b>	
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>ARTERIOSCLEROTIC AND</b> DUE TO <b>HYPERTENSIVE CARDIO-</b> <b>VASCULAR DISEASE</b> (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>PARTIAL Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Joseph G. Jakimczyk</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>10-18-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/19/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Trinity</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1953</b>	REGISTRAR'S SIGNATURE <b>Thurston Williams</b>	25. FUNERAL DIRECTOR <b>Phasell &amp; Will</b>		ADDRESS <b>1501 E. Fort Ave.</b>	





-340

53 9271

# FERNANDO LITTLE

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

Registered No. 53 9271

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

PLACE OF DEATH:

A. Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1010 Peach St

Length of stay in Baltimore

8 Yrs

SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Civil Serv

10B. KIND OF BUSINESS OR INDUSTRY

US Government

3. FATHER'S NAME

Bryan Little

5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No, oo or unknown

16. SOCIAL SECURITY NO.

-

8. DATE OF BIRTH

2/28/1888

9. AGE (in years last birthday)

65

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pitt County, N.C.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Florence?

17. INFORMANT

Olivia Little 1010 Peach St

ADDRESS

18. 334X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Central Apoplexy &amp; Paralysis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. INJURY

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10/17/53 to 10/18/53, that I last saw the deceased alive on 10/17/53, and that death occurred at 6:15 m., from the causes and on the date stated above.

23A. SIGNATURE

B. Little Sr.

M.D.

23B. ADDRESS

2139 W. Hill St

23C. DATE SIGNED

10/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

Rocky Mount

24D. LOCATION (City, town, or county)

North Carolina

(State)

DATE RECEIVED BY LOCAL REGISTRAR

CT 201953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

69091108 W Montgomery St

ADDRESS

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

CERTIFICATE OF ANALYSIS

ANALYSIS OF  
PLANT  
MATERIAL  
SUBMITTED FOR ANALYSIS  
ON  
MAY 10, 1910  
BY  
J. H. HARRIS  
ANALYST  
PLANT INDUSTRY  
WASHINGTON, D. C.

ANALYSIS OF  
PLANT  
MATERIAL  
SUBMITTED FOR ANALYSIS  
ON  
MAY 10, 1910  
BY  
J. H. HARRIS  
ANALYST  
PLANT INDUSTRY  
WASHINGTON, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-240

53 9272

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9272

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kinsona Michael

2. DATE  
OF  
DEATH

10-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

1421 N. Milton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

8-03

D. STREET ADDRESS (If rural, give location)

1421 North Milton Avenue - 13

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 2, 1873

9. AGE (In years  
last birthday)

80 yrs.

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. County Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Nelson Mc Chary

14. MOTHER'S MAIDEN NAME

Martha Gill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mabel M. Tawney - 1421 N. Milton Ave.

18. 442x and 170x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio Vasc.

10 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Renal disease  
Carcinoma of heart  
removed 1 year ago

1 yr.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1948 to 10-17, 1953 that I last saw the  
deceased alive on 10-17, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Friedman

M. D.

23B. ADDRESS

404 E. North Ave.

23C. DATE SIGNED

10-19-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-21-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cme.

24D. LOCATION (City, town, or county)

Belair Rd. - Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

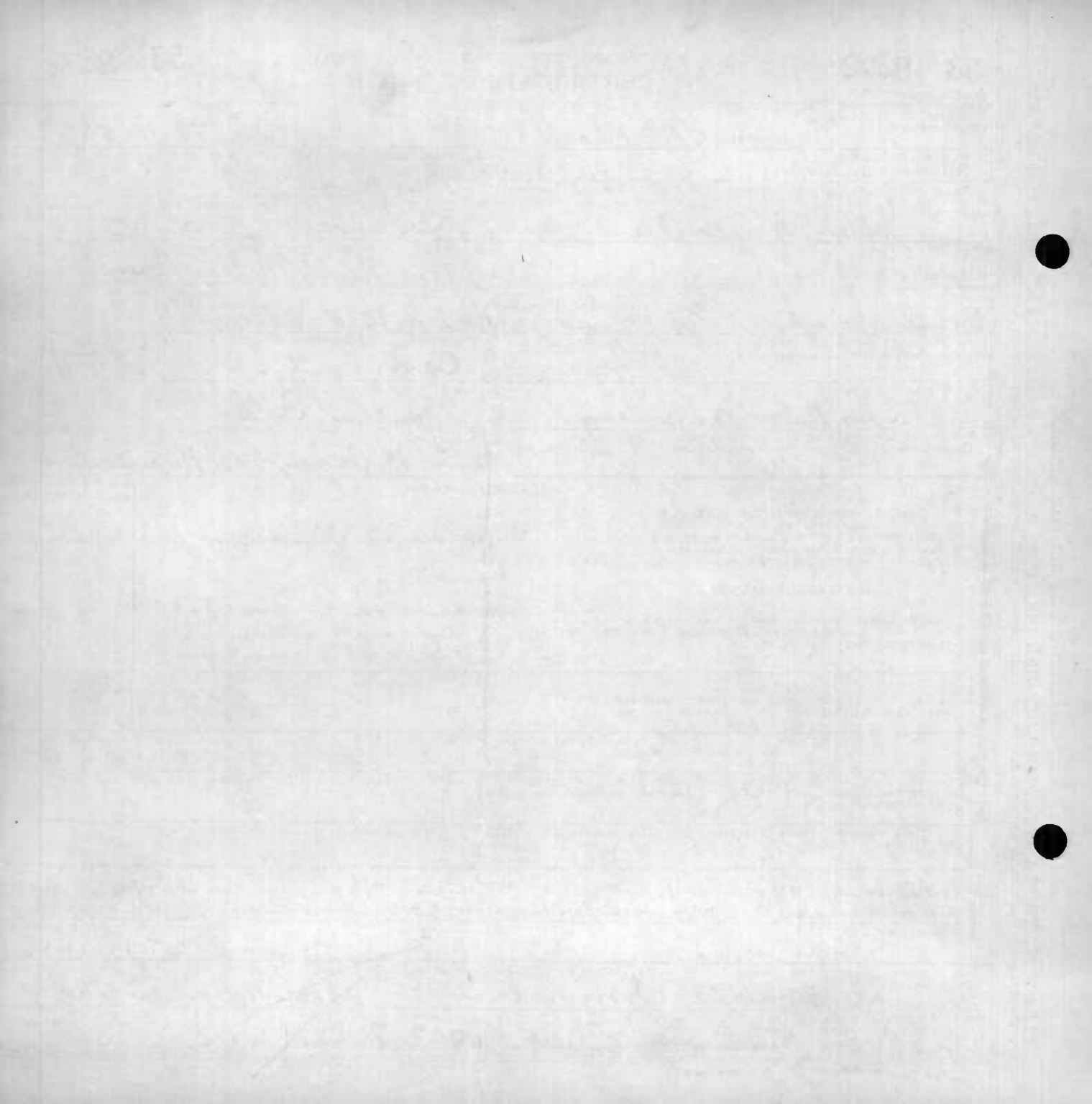
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

C. Miller Inc. - 2431 E. Oliver St. - 13

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9873B-620  
53 9273

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)STEWART S. BARRASH2. DATE OF DEATH  
October 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Mercy HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 28-02

c. Length of stay in Baltimore

Yrs.  
Mos.  
DaysD. STREET ADDRESS (If rural, give location)  
4211 Ethland Avenue5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

7-28-1929

9. AGE (in years last birthday)

24

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Richmond Va

12. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

drafter

10B. KIND OF BUSINESS OR INDUSTRY

Taxi Cab

13. FATHER'S NAME

George

14. MOTHER'S MAIDEN NAME

Jeannette

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes Korean

16. SOCIAL SECURITY NO.

229-28-4028

17. INFORMANT

Walt Barrash

ADDRESS

same18. E812.4

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Depressed Skull Fracture~~XXXX~~

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Multiple Contusions, Lacerations and~~XXXX~~ Abrasions

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
street21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
St. Paul & Centre Streets 41121D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
10-18-53 11:45 P.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?  
auto  
pedestrian pinned against building by22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachin23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
10-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-20-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Walter

ADDRESS

2100 Canton Pl

VS 151

N 802.268254

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL

1911

IN SENATE,  
January 11, 1911.

REPORT  
OF THE  
ATTORNEY GENERAL,  
JAMES C. CLARK,  
FOR THE YEAR  
1910.

ALBANY:  
J. B. LIPPINCOTT & CO.,  
PRINTERS,  
1911.



S-352

Sub 6100

53 9274

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9274  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JACOB STEIN

2. DATE  
OF  
DEATH

10-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

3829 Boarman Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (if rural, give location)

3829 Boarman Ave

c. Length of stay in Baltimore

30 Mos

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

62

If Under 1 Year

Months; Days

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sheet Metal

10B. KIND OF BUSINESS OR  
INDUSTRY

worker

11. BIRTH PLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ella Stein - Same

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Coronary Insufficiency

DUE TO

5 yrs

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 52, to Oct 20, 1953, that I last saw the  
deceased alive on 10/20, 1953, and that death occurred at 6:27 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Ashman

M. D.

23B. ADDRESS

3700 Furman Blvd

23C. DATE SIGNED

10/20/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

Roseclade

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

Huntington Williams, M.D.

Jack Lewis

2100 Eutan Pl

Harry Ashmore

10/21/

Revised

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM THOMAS O'BRIEN

2. DATE  
OF  
DEATH Oct. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION US Public Health ServiceHospital  
Wyman Pk. Drive & 31st StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4023 Old York Road

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

12/5/90

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR  
INDUSTRY  
Glenn L. Martin Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

James T. O'Brien

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I- USA

16. SOCIAL  
SECURITY NO.  
705-12-555917. INFORMANT ADDRESS  
Records- US PHS Hospital, Balto, Md.

18. 162X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Asphyxia due to hemorrhage into  
DUE TO bronchial tree from

(Minutes)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Bronchoesophageal fistula  
DUE TO

Unknown

(C) Bronchogenic carcinoma of left lung  
DUE TO

Unknown

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1953, to Oct. 18, 1953 that I last saw the  
deceased alive on Oct. 18, 1953, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James A. Hunter, Clinical Director M.D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat'l. Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

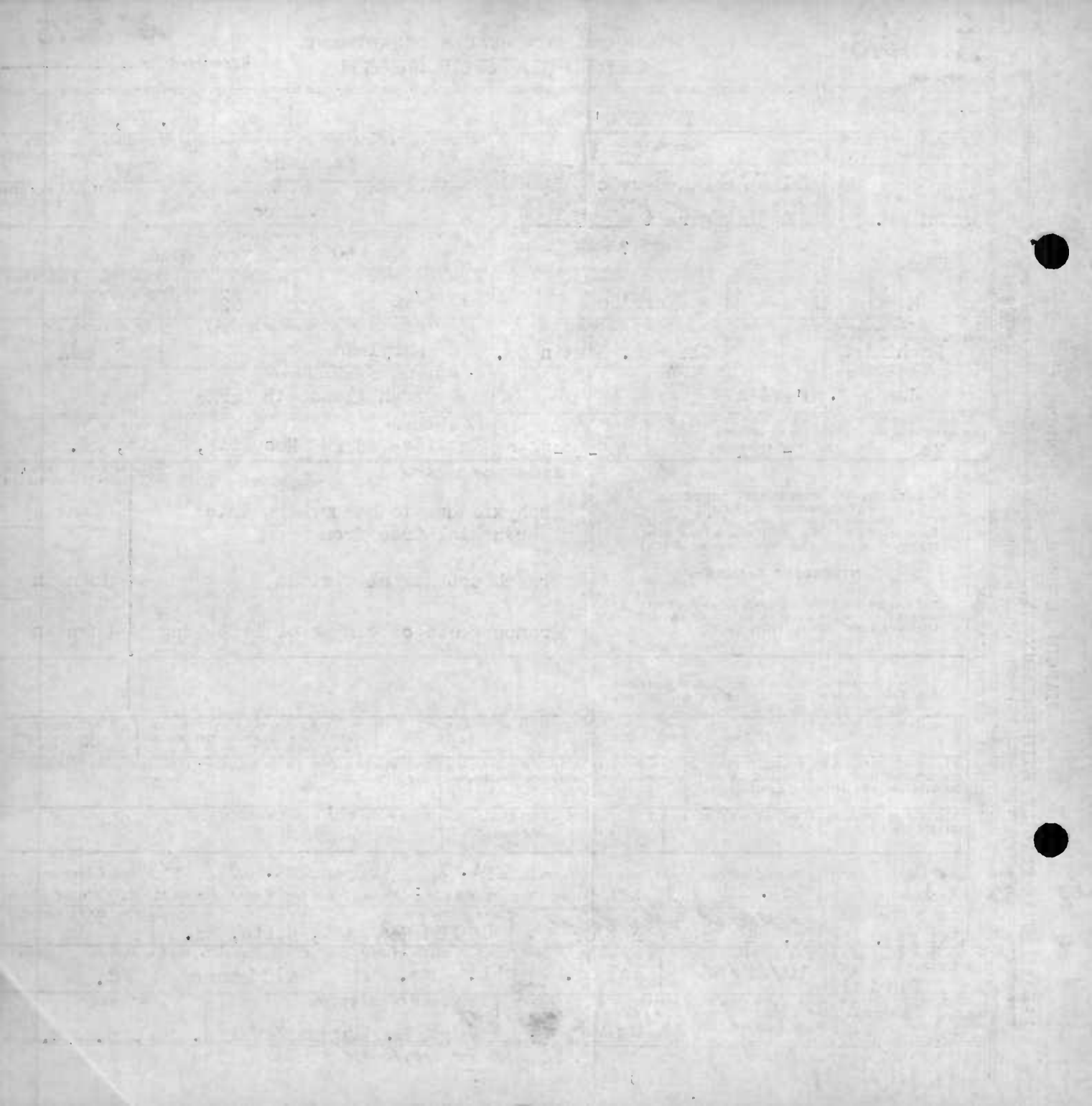
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St.



M-636  
53 9276BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9276

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sarah J. Meerdter

2. DATE  
OF  
DEATH

Oct. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sinai Hosp.

5. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

-----

9. FATHER'S NAME

Patrick O'Cleary

8. DATE OF BIRTH

April 5, 1882

9. AGE (In years  
last birthday)

71 73

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war nr dates of service)

no

16. SOCIAL  
SECURITY NO.

-----

17. INFORMANT

ADDRESS

Mrs C.A. Harper 368 Park Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

CORONARY OCCLUSION

1/2 hr.

DUE TO

ARTERIOSCLEROTIC HYPERTENSIVE  
CARDIOVASCULAR DISEASE

10 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from SEPT. 3, 1950 to Oct. 17, 1953, that I last saw the  
deceased alive on Oct. 12, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Spokstein

23B. ADDRESS

M. D.

121 S. HIGHLAND AVE

23C. DATE SIGNED

10/19/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, William H. Jr.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St

per H. Lewis



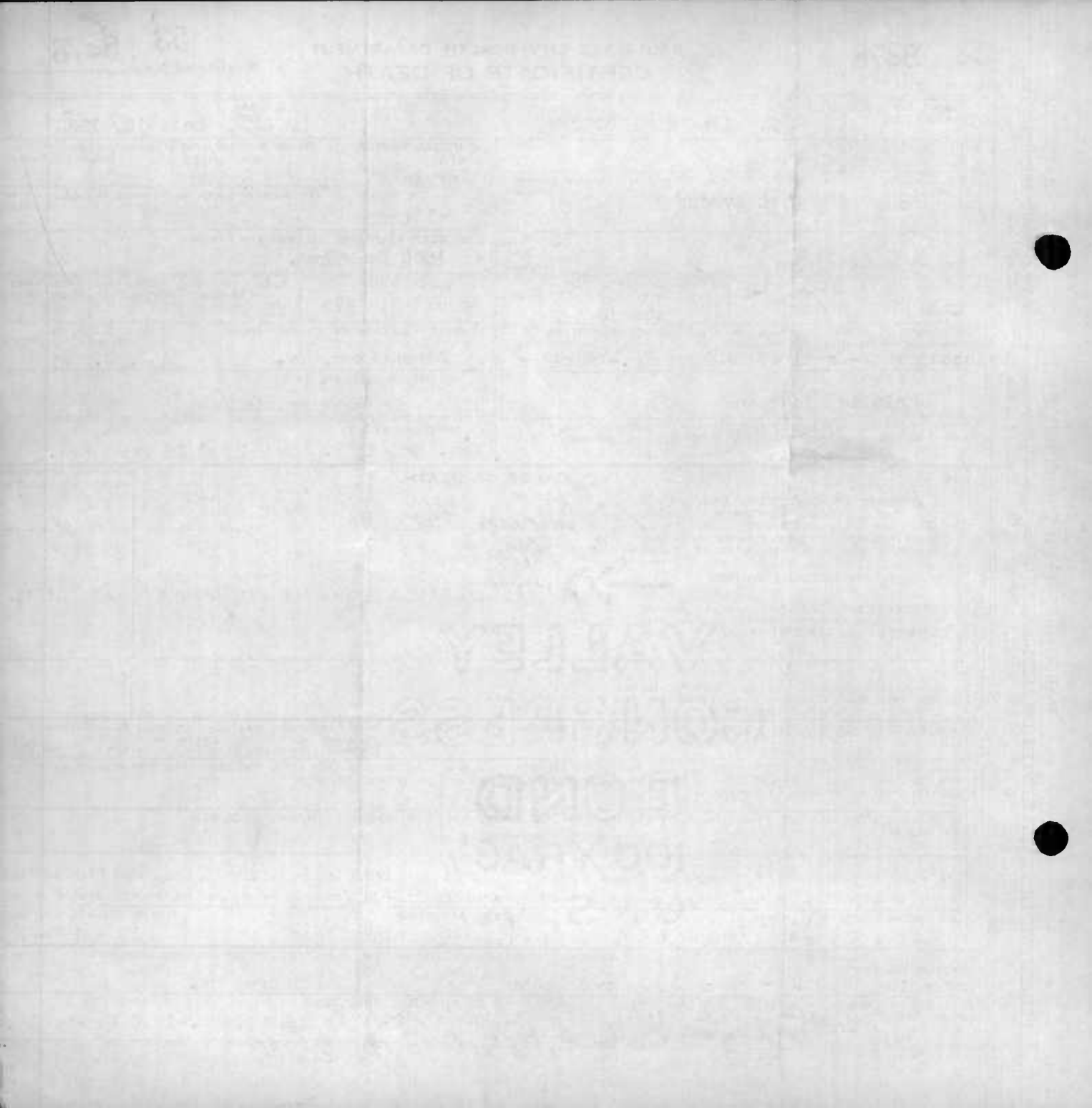


W-240 53 9277		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 53 9277 Registered No.	
1. NAME OF DECEASED (Type or Print) MR. FRANK WESSEL		2. DATE OF DEATH 10/18/53			
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION BON SECOURS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON 4 5855			
6. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 7325 YORKTOWN DRIVE			
7. SEX MALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		10. DATE OF BIRTH 11/11/81	11. AGE (In years last birthday) 71
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTOMS HOUSE BROKER		13. KIND OF BUSINESS OR INDUSTRY CUSTOMS HOUSE BROKER		14. BIRTHPLACE (State or foreign country) OHIO	
15. FATHER'S NAME ? ? WESSEL		16. MOTHER'S MAIDEN NAME ELIZABETH SENSENEY		17. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.		20. INFORMANT ADDRESS EDWARD G. KIBLER - 7325 YORKTOWN RD. TOWSON	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MULTIPLE RENAL CALCULI 6-7 YEARS		22. CAUSE OF DEATH (A) DUE TO RENAL SHUTDOWN UREMIA 10 DAYS		23. INTERVAL BETWEEN ONSET AND DEATH 6-7 YEARS	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. MULTIPLE PROSTATIC CALCULI		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIOSCLEROSIS PYLONEPHRITIS CHRONIC		26. DATE OF OPERATION 9/3/46	
27. MAJOR FINDINGS OF OPERATION Solitary Cyst Pyonephrosis Calculi		28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		29. DATE OF OPERATION 9/3/46	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. TIME (Month) (Day) (Year) (Hour) OCT 19 1953		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from 10/11/1953, to 10/18/1953, that I last saw the deceased alive on 10/18/1953, and that death occurred at 7:10 P. M., from the causes and on the date stated above.					
37. SIGNATURE William S. Womack		38. ADDRESS BON SECOURS HOSP.		39. DATE, SIGNED 10/18/53	
40. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. DATE Oct. 21, 1953		42. NAME OF CEMETERY OR CREMATORY Laudon Park	
43. LOCATION (City, town, or county) Balto. Md.		44. FUNERAL DIRECTOR John A. Moran		45. ADDRESS 3000 E. Balto. St. 24	
46. REGISTRAR'S SIGNATURE Huntington Williams		47. REGISTRAR'S SIGNATURE John A. Moran		48. REGISTRAR'S SIGNATURE John A. Moran	

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Social Security Number	
13. Signature of Physician		14. Signature of Registrar		15. Signature of Coroner		16. Signature of Medical Examiner	
17. Date of Signature		18. Date of Signature		19. Date of Signature		20. Date of Signature	





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 9279BIRTH NO. 53 9279  
52-16084

1. NAME OF DECEASED (Type or Print) <b>DALE DIXON WOOTEN</b>		2. DATE OF DEATH <b>October 19, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-03</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3109 Echodale Avenue</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 4-1952</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>Tuttle Wooten</b>		14. MOTHER'S MAIDEN NAME <b>Foda Walker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Father</b>		ADDRESS	

18. <b>929.8</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Drowning</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B)</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
<b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>fish pond</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3107 Echodale Avenue</b> <b>27/03</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>10-19-53 11:20 A.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>fell into fish pond</b>	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. F. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>10-19-53</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10/21/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moyland Mem PR</b>	24D. LOCATION (City, town, or county) (State) <b>Bald Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1953</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, MD</b>	
REGISTRAR'S SIGNATURE		ADDRESS <b>3105 5305 Maryland</b>	

100

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

100

PLANT INDUSTRY

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3-330  
53 9280

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9280  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Joseph C Bond SR</i>		2. DATE OF DEATH <i>10/19/53</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Bon Secours Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson - 4 - 5356</i>	
6. Length of stay in Baltimore Yrs. <i>M</i> Mos. <i>W</i> Days <i>M</i>		D. STREET ADDRESS (If rural, give location) <i>7507 Rockham Drive</i>	
7. SEX <i>M</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>7/10/09</i>
11. AGE (In years last birthday) <i>44</i>		12. Under 1 Year Months: Days: Hours: Min.	13. Under 24 Hours Hours: Min.
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector of Food</i>		15. KIND OF BUSINESS OR INDUSTRY <i>C.P.A. grocery</i>	
16. BIRTHPLACE (State or foreign country) <i>BALTO Md.</i>		17. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
18. FATHER'S NAME <i>Carroll Bond</i>		19. MOTHER'S MAIDEN NAME <i>Georganna James</i>	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		21. SOCIAL SECURITY NO.	
22. INFORMANT <i>Mrs Elsie Bond</i>		23. ADDRESS <i>Same</i>	
24. CAUSE OF DEATH			
18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Metastatic Carcinoma to Liver over 1 month</i> <i>Bladder - Peritoneum.</i> DUE TO <i>Adeno Carcinoma of Stomach over 1 month</i> DUE TO <i>Partial Tracheal Bronchial obstruction due to Mucous plug (Bronchiectasis Rt Lung)?</i>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <i>10/19/53</i>		22. MAJOR FINDINGS OF OPERATION <i>Generalized Carcinomatosis</i>	
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		26. HOW DID INJURY OCCUR?	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
29. I hereby certify that I attended the deceased from <i>10/17/53</i> , to <i>10/19/53</i> , that I last saw the deceased alive on <i>10/19/53</i> , 19 <i>45</i> , and that death occurred at <i>1245</i> P.m., from the causes and on the date stated above.			
30. SIGNATURE <i>John E Carroll Jr</i>		31. ADDRESS <i>Bon Secours Hospital</i>	
32. DATE SIGNED <i>12/19/53</i>		33. DATE	
34. NAME OF CEMETERY OR CREMATORY <i>Moreland Mem PK</i>		35. LOCATION (City, town, or county) (State) <i>BALTO Md</i>	
36. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		37. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
38. FUNERAL DIRECTOR <i>Ronald J. Ruck</i>		39. ADDRESS <i>5305 Harford</i>	
40. Case Cleared By Dr. Fisher, Medical Examiner			

RECEIVED BY LOCAL REGISTRAR  
OCT 20 1953  
VS 150



-345

53 9281

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9281  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Joseph E. Stilling

2. DATE  
OF  
DEATH

10-18-1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

318 S FULTON AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO - 17-04

D. STREET ADDRESS (If rural, give location)

318 S. FULTON AVE

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MALE WHITE

WIDOWED

8. DATE OF BIRTH

NOV-5-1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

BALTO - MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

FRANCIS STILLING

14. MOTHER'S MAIDEN NAME

MARY SCHAUB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

705-09-6377

17. INFORMANT

ADDRESS

MRS ANNA MILLER - 318 S. FULTON AVE

18. 422.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

11  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

22. I hereby certify that I attended the deceased from Sept 22, 1953 to Oct 18, 1953 that I last saw the deceased alive on Oct 18, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

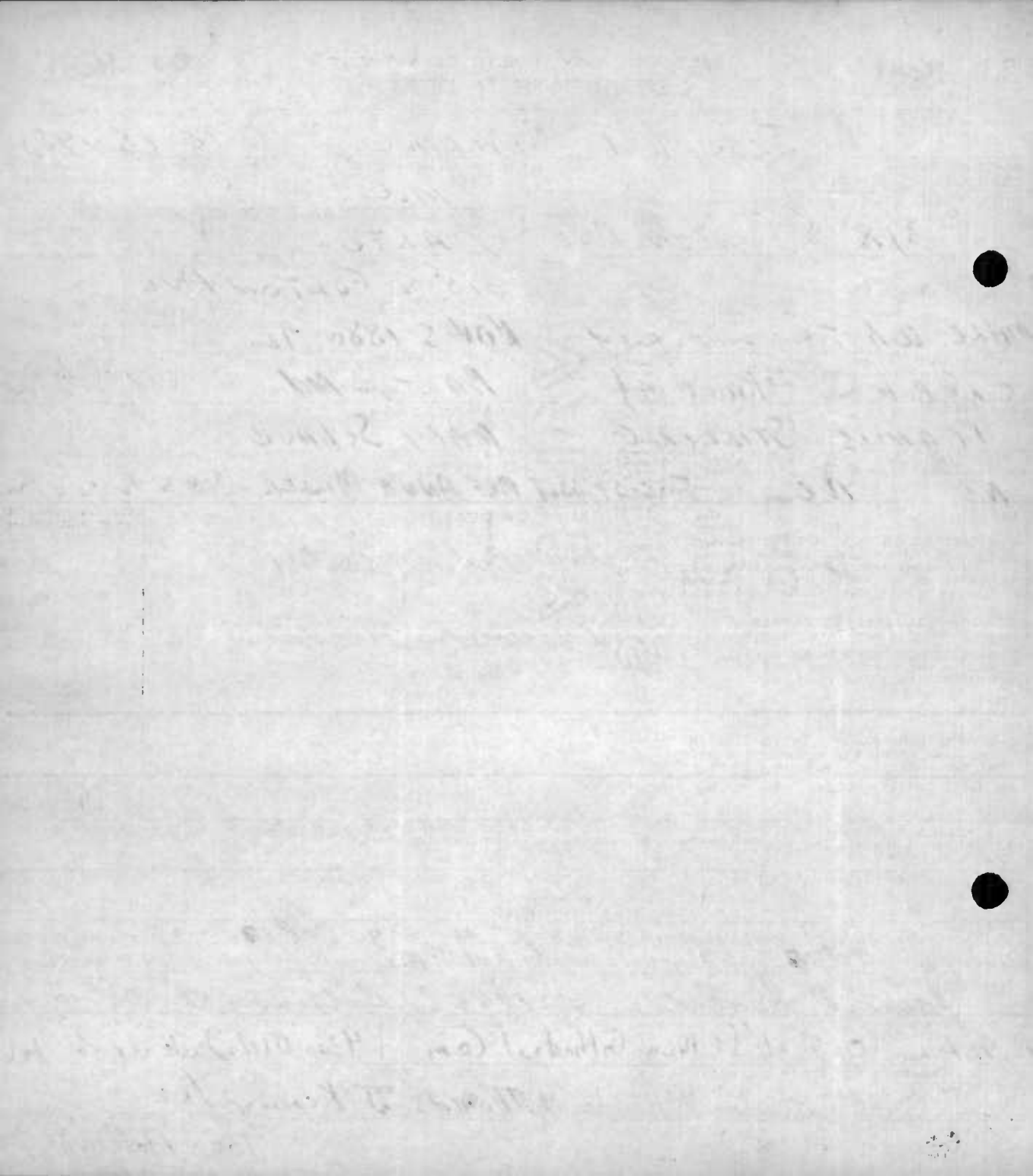
25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

Huntington Williams, M.D.

J. Kewney Inc



2-652

ERONISE  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9282  
Registered No.

BIRTH NO. 53 9282

1. NAME OF DECEASED (Type or Print) <u>ERONISE, WALTER G.</u>			2. DATE OF DEATH <u>10-19-53</u>		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE <u>Maryland</u> COUNTY <u>20-02</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Sq. Hosp.</u>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
7. Length of stay in Baltimore <u>Life</u>			8. STREET ADDRESS (If rural, give location) <u>200 N. FRANKLIN TOWN RD</u>		
9. SEX <u>M</u>	10. COLOR OR RACE <u>W</u>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	12. DATE OF BIRTH <u>Feb. 4/1900</u>		13. AGE (In years last birthday) <u>53</u>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER Wilson Freight Co.</u>			15. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		16. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
17. FATHER'S NAME <u>Charles Cronise</u>			18. MOTHER'S MAIDEN NAME <u>ALICE LINTON</u>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			20. SOCIAL SECURITY NO. <u>218-01-5345</u>		
21. INFORMANT <u>Margaret C. Cronise</u>			22. ADDRESS <u>125 S. Baltimore</u>		

23. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma</u>		24. CAUSE OF DEATH <u>Carcinoma</u>	25. INTERVAL BETWEEN ONSET AND DEATH
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(A) ...</u> <u>(B) ...</u> <u>(C) ...</u>			
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

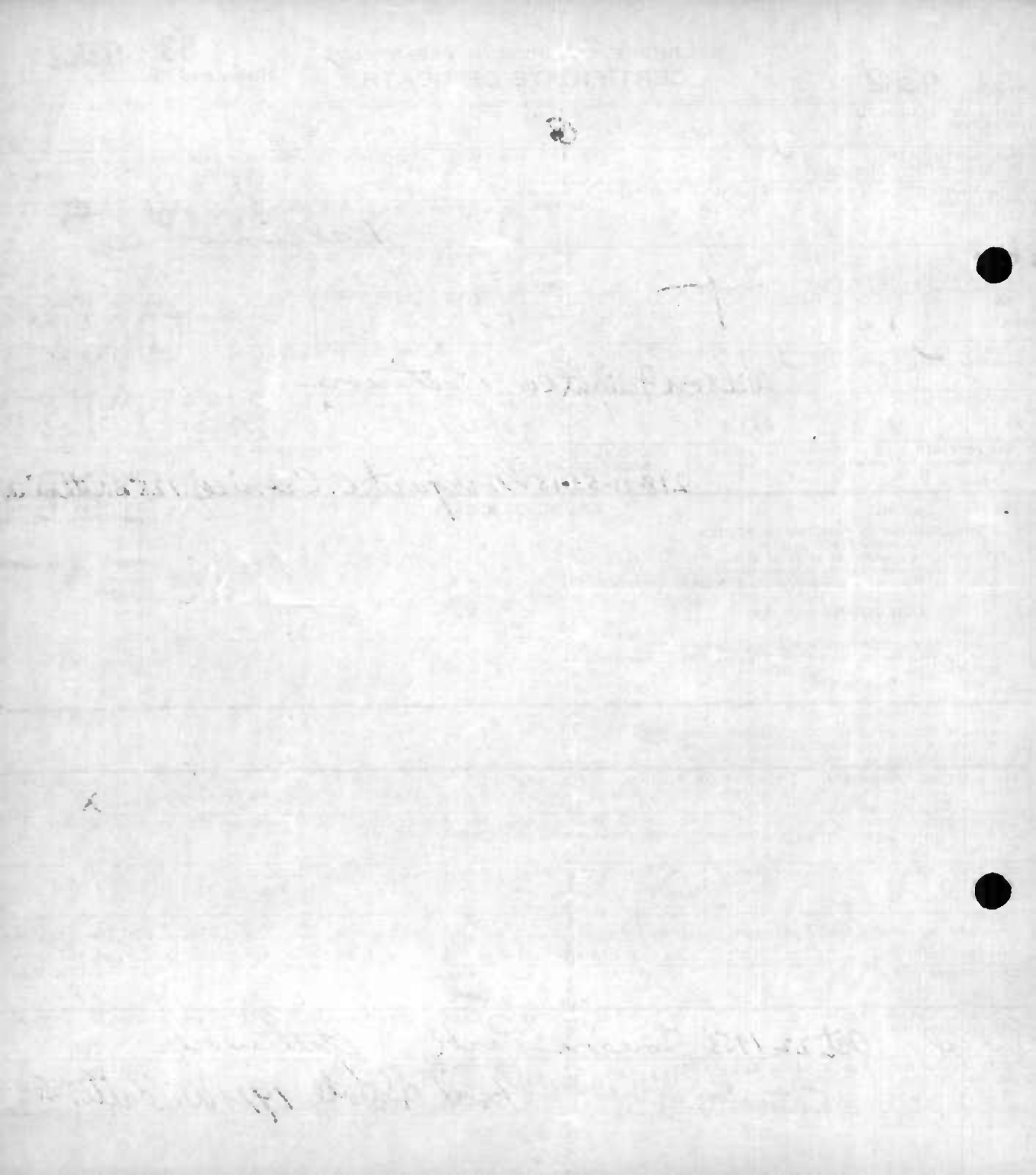
28. DATE OF OPERATION <u>5-15/53</u>		29. MAJOR FINDINGS OF OPERATION <u>Squamous cell carcinoma lines esophagus</u>		30. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Franklin Sq. Hosp.</u>	33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
34. TIME (Month) (Day) (Year) (Hour) <u>0</u> <u>0</u> <u>0</u> <u>0</u>	35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	36. HOW DID INJURY OCCUR?		

27. I hereby certify that I attended the deceased from 10-12, 1953, to 10-19, 1953, that I last saw the deceased alive on 10-17, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

28. SIGNATURE Walter Cronise M. D. Franklin Sq. Hosp. 29. DATE SIGNED 10-19-53

30. BURIAL, CREMATION, REMOVAL (Specify) Burial 31. DATE Oct. 22, 1953 32. NAME OF CEMETERY OR CREMATORY Louisa Park 33. LOCATION (City, town, or county) (State) Baltimore

34. DATE RECEIVED BY LOCAL REGISTRAR Oct 20 1953 35. REGISTRAR'S SIGNATURE Huntington Williams 36. FUNERAL DIRECTOR Frederick A. Cole 37. ADDRESS 1913 W. Balto. St





520

53 9283

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9283  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Jones, Annie Bell		October 17, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		A. STATE Maryland	
c. Length of stay in Baltimore 12 yr.		B. COUNTY Baltimore	
5. SEX F.		C. CITY OR TOWN Baltimore	
6. COLOR OR RACE Colored		D. STREET ADDRESS (If rural, give location) 104 E. Lafayette Ave.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-29-1909	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.		9. AGE (In years last birthday) 44	
10. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Georgia, Augusta	
13. FATHER'S NAME Freeman Harris		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		14. MOTHER'S MAIDEN NAME Unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT Felix Jones	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident		ADDRESS 404 E. Lafayette Ave.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 17, 1953, to October 17, 1953, that I last saw the deceased alive on Oct. 17, 1953, and that death occurred at 4:35 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Algis E. Layne		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED Oct. 17, 1953		23D. LOCATION (City, town, or county) (State) Augusta, Georgia	
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24B. DATE 10-20-1953	
24C. NAME OF CEMETERY OR CREMATORY Huntington Williams		24D. FUNERAL DIRECTOR Randolph J. Collick	
24E. LOCAL REGISTRAR OCT 20 1953		24F. ADDRESS 1412 E. Preston St.	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9284**BIRTH NO. **53 9284**

1. NAME OF DECEASED (Type or Print) <b>Elizabeth Gaines</b>			2. DATE OF DEATH <b>10-19-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>27-18</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>3515 Oakmount Ave. -15</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 13, 1879</b>	9. AGE (In years last birthday) <b>74</b>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>William Gaines</b>			14. MOTHER'S MAIDEN NAME <b>Jane Green</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>B. C. H. Records, 4940 Eastern Ave.</b>		

18. **E904.0**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

**Poss. G. I. bleeding associated Anemia -**  
**Leukemia**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

## CERTIFICATION APPROVED BY

**Joseph G. Jackson**  
M. D.  
CHIEF OF DIST. MEDICAL EXAMINER

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Fracture rt. Femur**

19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <b>Accident</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <b>3515 Oakmount Ave.</b> <b>27/18</b>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9 22 53</b> m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW AND INJURY OCCUR? <b>Fell to floor at home</b>			
22. I hereby certify that I attended the deceased from <b>Sept. 22</b> , 19 <b>53</b> to <b>Oct. 19</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-19</b> , 19 <b>53</b> , and that death occurred at <b>1.30am</b> from the causes and on the date stated above.							
23A. SIGNATURE <b>Dr. Jackson</b> M. D.				23B. ADDRESS <b>4940 Eastern Ave.</b>		23C. DATE SIGNED <b>10-19-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 21/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24D. LOCATION (City, town, or county) (State) <b>Balt Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1953</b>		REGISTRAR'S SIGNATURE <b>H. E. Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Byers</b>		ADDRESS <b>5005 Pl...</b>	

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AB-175797

53 9285

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9285  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph Israel Lawrence

2. DATE  
OF  
DEATH

10-18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1008 W. Franklin St. zone 17

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 20-1920

9. AGE (In years,  
last birthday)

30 23

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Elsie Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT 4940 Eastern Ave. ADDRESS

Records: Baltimore City Hospitals

18. 401.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Acute Bacterial Endocarditis,  
organism undetermined

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Rheumatic deformity of aortic valve

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17-1953, to 10-18-1953, that I last saw the  
deceased alive on 10-18-1953, and that death occurred at 10:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. H. H. H.

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-19-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

Geo. H. Kelson 1303 Presstman St.

VS 150

5906 E Geo. H. Kelson

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## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 9286BIRTH NO. 53 9286 53-24624

1. NAME OF DECEASED (Type or Print) <u>Sevin Francis Storer</u>			2. DATE OF DEATH <u>10/19/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>37 Mercy Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 28-31</u>		
c. Length of stay in Baltimore <u>12</u> Yrs. <u>0</u> Mos. <u>0</u> Days			D. STREET ADDRESS (If rural, give location) <u>6502 Parr Ave.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10/7/53</u>		9. AGE (In years, last birthday) <u>12</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newborn</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Newborn</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Eugene Austin Storer</u>			14. MOTHER'S MAIDEN NAME <u>Mary Agnes Kelly</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT ADDRESS <u>G. T. Watson Mercy Hospital</u>		

18. 756.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Obstruction DUE TO

INTERVAL BETWEEN ONSET AND DEATH  
10 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

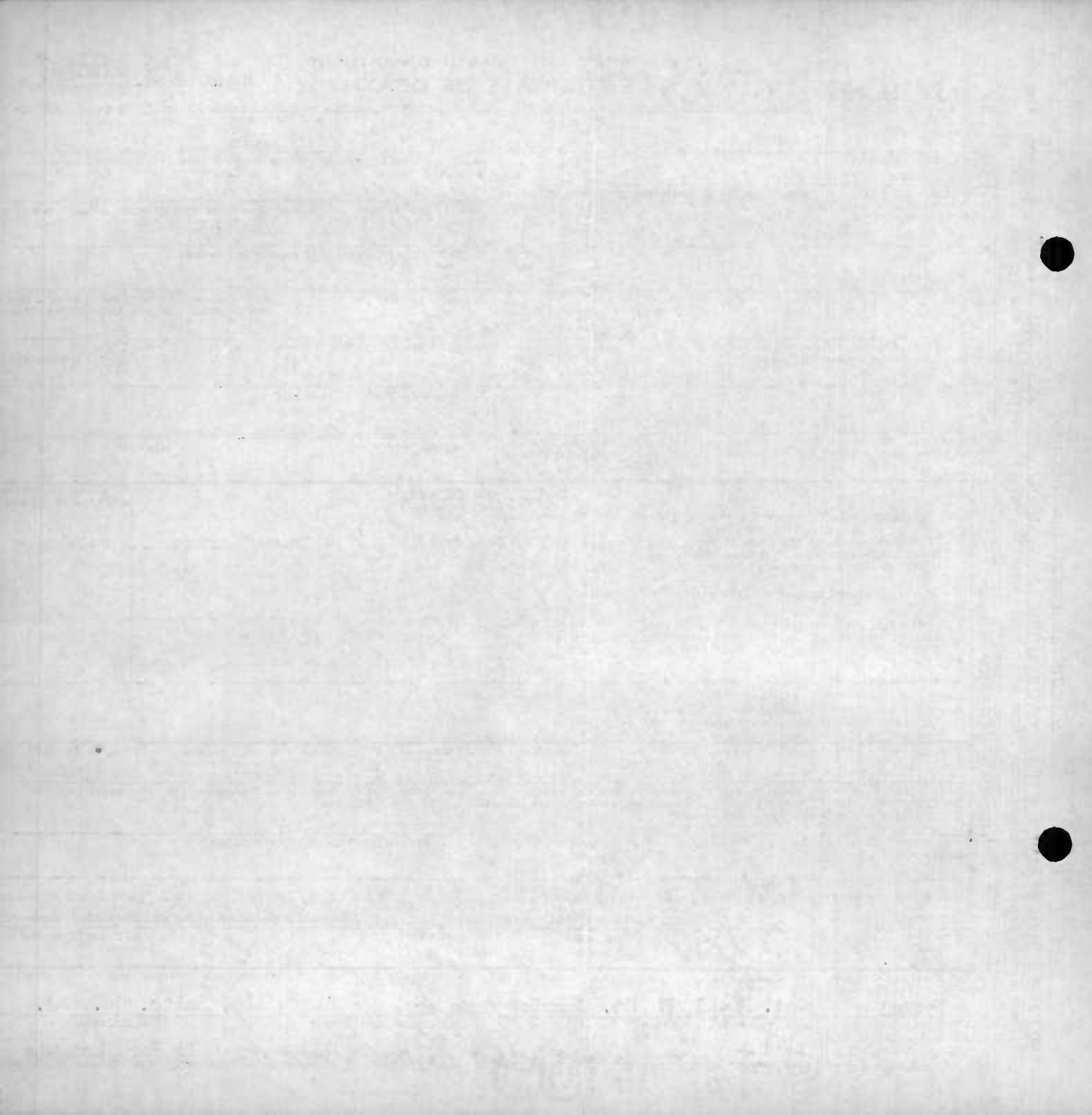
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>10/10/53</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>Intestinal Obstruction</u>	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 13, 1953, to Oct 19, 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>G. T. Watson</u> M. D.	23B. ADDRESS <u>Mercy Hospital</u>	23C. DATE SIGNED <u>10/19/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Oct. 20, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery,</u>
24D. LOCATION (City, town, or county) <u>Pikesville, Balto. Co., Md.</u>		

DATE RECEIVED BY LOCAL REGISTRAR <u>OCT 20 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>W. B. Perkins</u>	ADDRESS <u>4611 Park Heights</u>
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9287

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Eugene Bertone

2. DATE  
OF  
DEATH

Oct-18-1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Order 6

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
a. STATE b. COUNTY before admission)

Md

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

4018 Hayward Ave

c. Length of stay in Baltimore

40 years

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-29-84

9. AGE (In years,  
last birthday)

69

10 Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Astabula, Ohio.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR  
INDUSTRY

Marine

13. FATHER'S NAME

Baptista Bertone

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

218-01-1450

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

527.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Tension Pneumothorax

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Pulmonary Emphysema

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

4 hours

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Myocardial Infarction &amp; Pericarditis

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4 1953, to 10-18, 1953, that I last saw the  
deceased alive on 10-18, 1953, and that death occurred at 11:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE

W. Gordon Walker

M. O.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

18 Oct 53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Oct. 21, 1953

24c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24d. LOCATION (City, town, or county) (State)

9.9. County, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

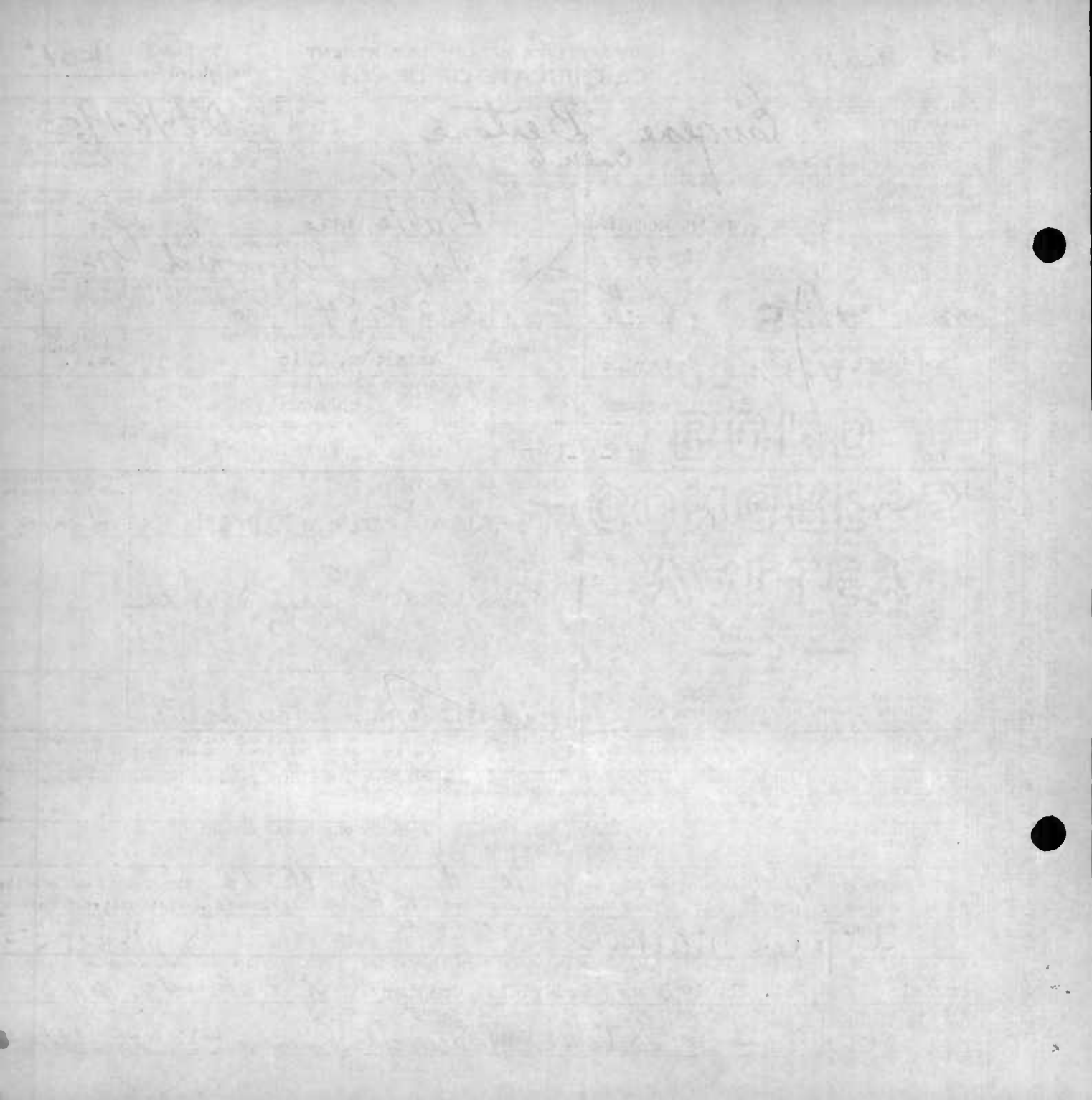
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

B. Vernon Emerson, 4611 Park Heights A

OCT 20 1953  
VS 150

54455



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9288

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HERBERT

S.

IMES

2. DATE  
OF  
DEATH

October 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1125 Sarah Ann Street

C. Length of stay in Baltimore

40YRS

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/18/1907

9. AGE (in years  
last birthday)

46 48

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

TRUCK DRIVER

10B. KIND OF BUSINESS OR  
INDUSTRY

HAULING

11. BIRTHPLACE (State or foreign country)

A.A. COUNTY, MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

BENJ. IMES

14. MOTHER'S MAIDEN NAME

SARAH IMES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL  
SECURITY NO.

218-05-0204

17. INFORMANT

ADDRESS

MARY IMES(W) 1125 SARAHANN ST.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) Hypertensive arteriosclerotic cardio-  
vascular disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
Oct. 16, 195324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM.

24D. LOCATION (City, town, or county)

BALTO. MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

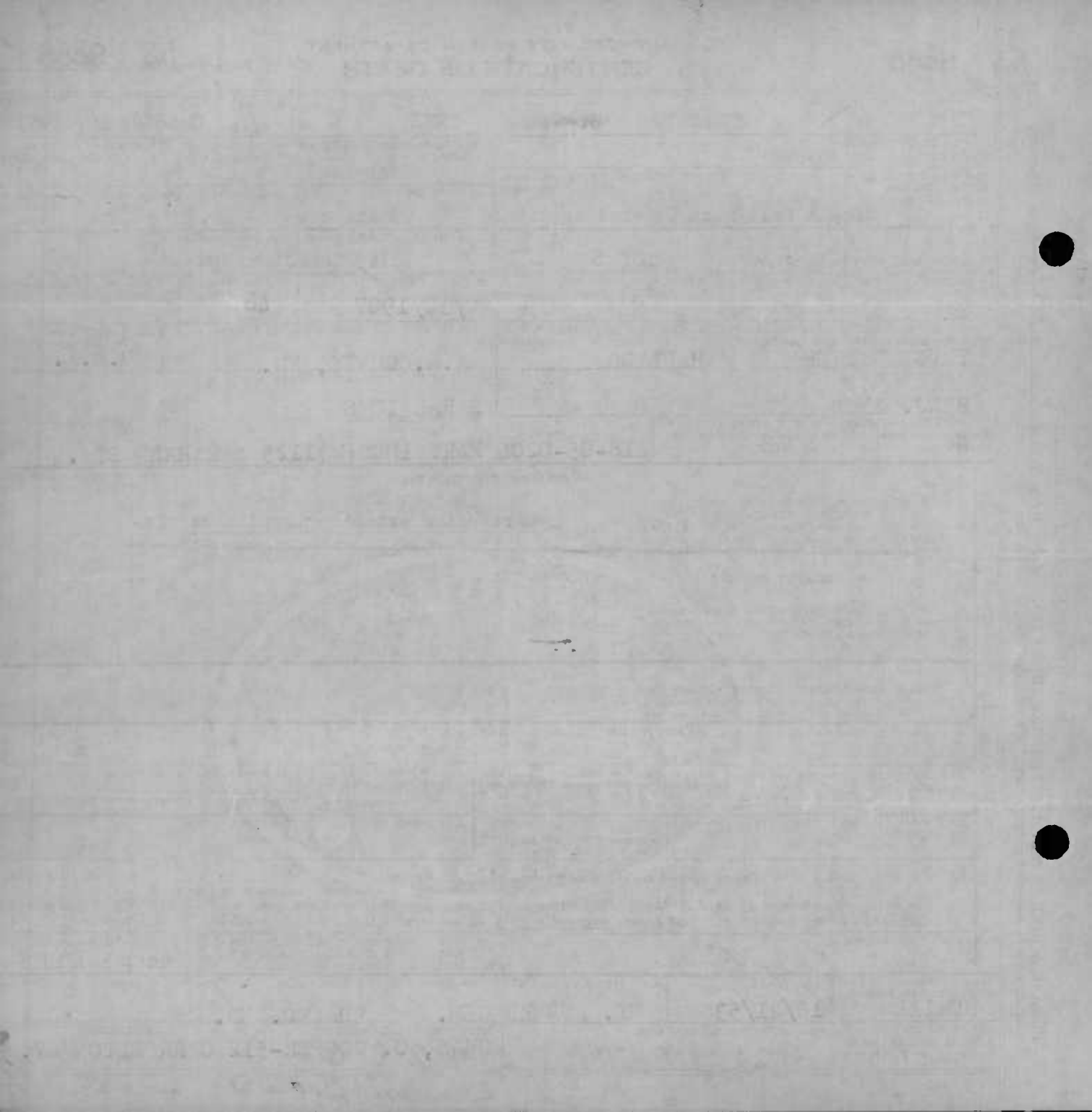
Huntington 8-51312

CHAS. G. COOPER-512 CARROLLTON AV.

VS 151 js

68352

Charles G. Cooper 512 Carrollton





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9289  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Horace Edward Brown</i>			2. DATE OF DEATH <i>Oct. 19 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>411 St. Biddle St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 11-03</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>411 St. Biddle St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 30, 1912</i>		9. AGE (In years last birthday) <i>41</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labrwr</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>City of Baltimore</i>	11. BIRTHPLACE (State or foreign country) <i>Dresden, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Erin Brown</i>			14. MOTHER'S MARDEN NAME <i>Mollie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Mildred Brown</i>			18. ADDRESS <i>411 St. Biddle St.</i>		

18. <i>445X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Malignant Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i>		DUE TO
		<i>(C)</i>

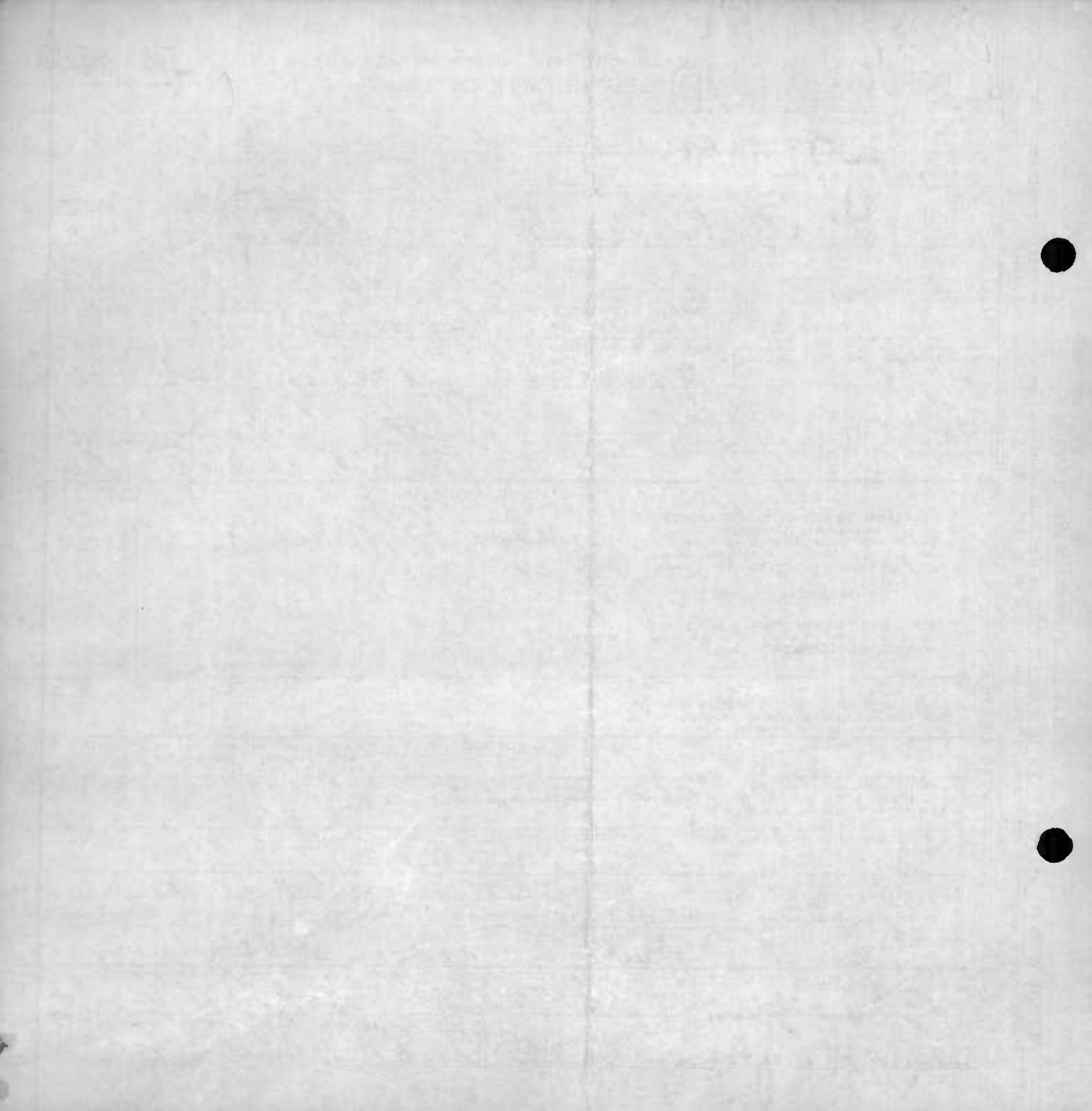
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Oct 13*, 19*53* to *Oct 19*, 19*53*, that I last saw the deceased alive on *Oct 13*, 19*53*, and that death occurred at *2:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Cerviel C. Smith* M. D. 23B. ADDRESS *1709 Grosvenor Falls Plwy* 23C. DATE SIGNED *10-20-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Oct 20 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Marks</i>	24D. LOCATION (City, town, or county) (State) <i>Valley Lee, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Funeral Home</i>	



Y-520  
3 9290BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9290

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Minnie Young

2. DATE  
OF  
DEATH

10/19/53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
(If not in hospital or institution, give street address or  
location)

304 So. Poppleton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

Md

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

304 So. Poppleton St.

5. Length of stay in Baltimore

Life

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH

1/19/1903

9. AGE (In years,

last birthday)

50

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at Home

11. FATHER'S NAME

Ferdinand Denner

12. BIRTHPLACE (State or foreign country)

Baltimore

13. CITIZEN OF  
WHAT COUNTRY?

USA

14. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)15. SOCIAL  
SECURITY NO.

16. INFORMANT

Mr. Noble E. Young

ADDRESS

304 So. Poppleton St.

18. 331X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.12.1953 to 10.19.1953, that I last saw the  
deceased alive on 10.19.1953, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Stanley Brinkley

23B. ADDRESS

1803 W. Baltimore St.

23C. DATE SIGNED

10.19.53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/53

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

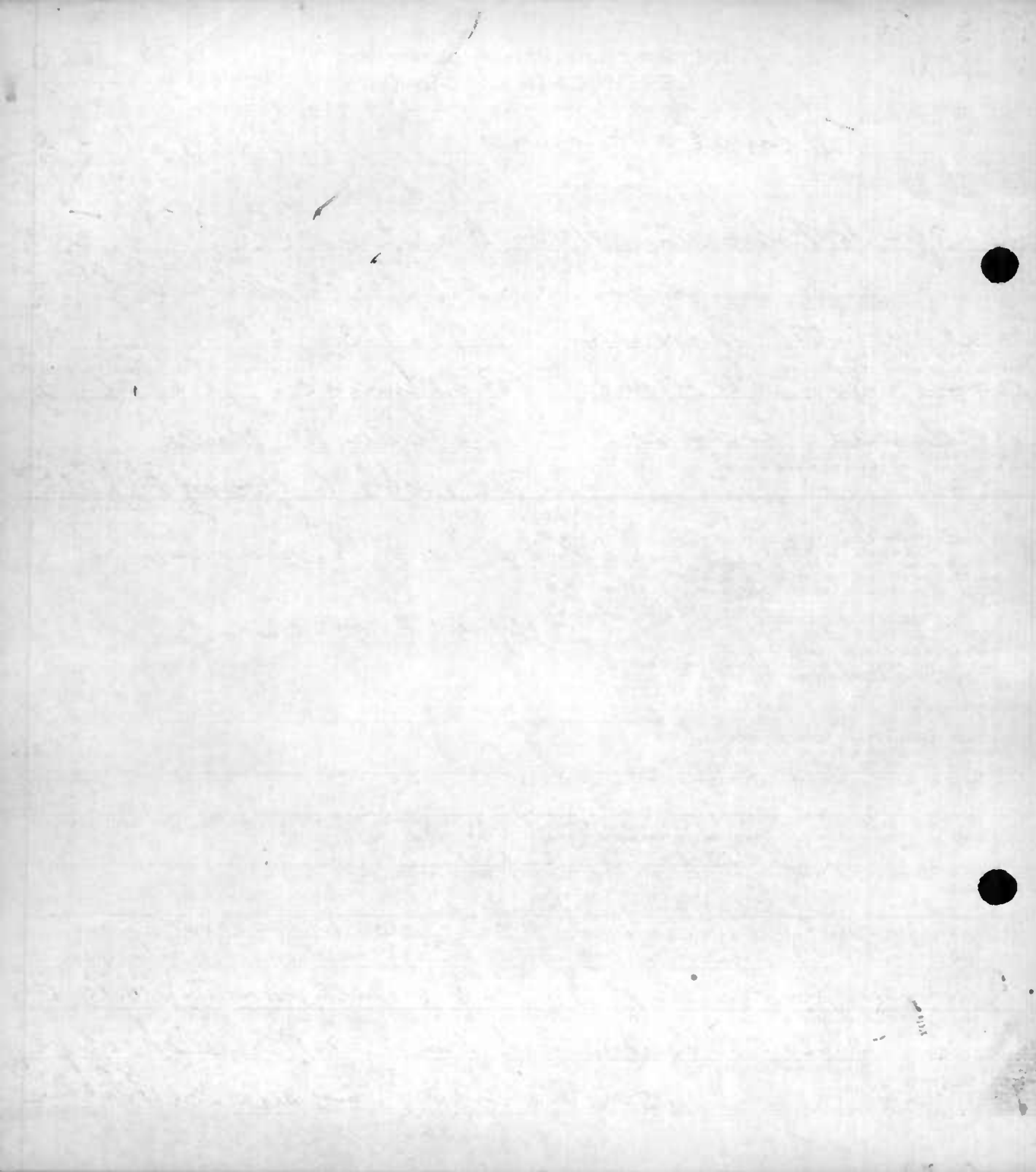
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Egan, Son Hollins

ADDRESS

299 St.



F 322  
9291BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9291  
Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

MARGARET FITZHUGH

2. DATE  
OF DEATH

Oct 16, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

121 Parkkins St.

Yrs.  
Mos.  
Days

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

James Carter

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

18-03

D. STREET ADDRESS (If rural, give location)

121 Parkkins

8. DATE OF BIRTH

Dec. 8, 1905

9. AGE (In years  
last birthday)

47

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Cal/pepper Va.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. C.

14. MOTHER'S MAIDEN NAME

Maggie Hackley

17. INFORMANT

ADDRESS

Richard Fitzhugh

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial insufficiency  
arteriosclerosis + hypertension  
Cardiovascular renal disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1953, to Oct 16, 1953, that I last saw the  
deceased alive on October 10, 1953 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

Huntington Williams

Mistatic R. Williams

Lebraden St

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CORA W. DORSEY

2. DATE  
OF  
DEATH

10/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

PROVIDENT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE, MD

D. STREET ADDRESS (If rural, give location)

1318 MYRTLE

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SEP.

8. DATE OF BIRTH

FEB. 14, 1894

9. AGE (In years last birthday)

59

If Under 1 Year

Months

If Under 24 Hours

Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Married (Sep)

11. BIRTHPLACE (State or foreign country)

CATONSVILLE, MD.?

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

James Welliver

14. MOTHER'S MAIDEN NAME

Francis Ebb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Williams

ADDRESS

170 WINTER AVE

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CEREBROVASCULAR  
ACCIDENT

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

INTERVAL BETWEEN ONSET AND DEATH

?

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROTIC HT. DIS.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 16, 1953, to OCT. 16, 1953 that I last saw the deceased alive on OCT. 16, 1953, and that death occurred at 1:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Branton

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

10/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT. 20, 1953

REGISTRAR'S SIGNATURE

Western Star Cem

Catonville Md.

25. FUNERAL DIRECTOR

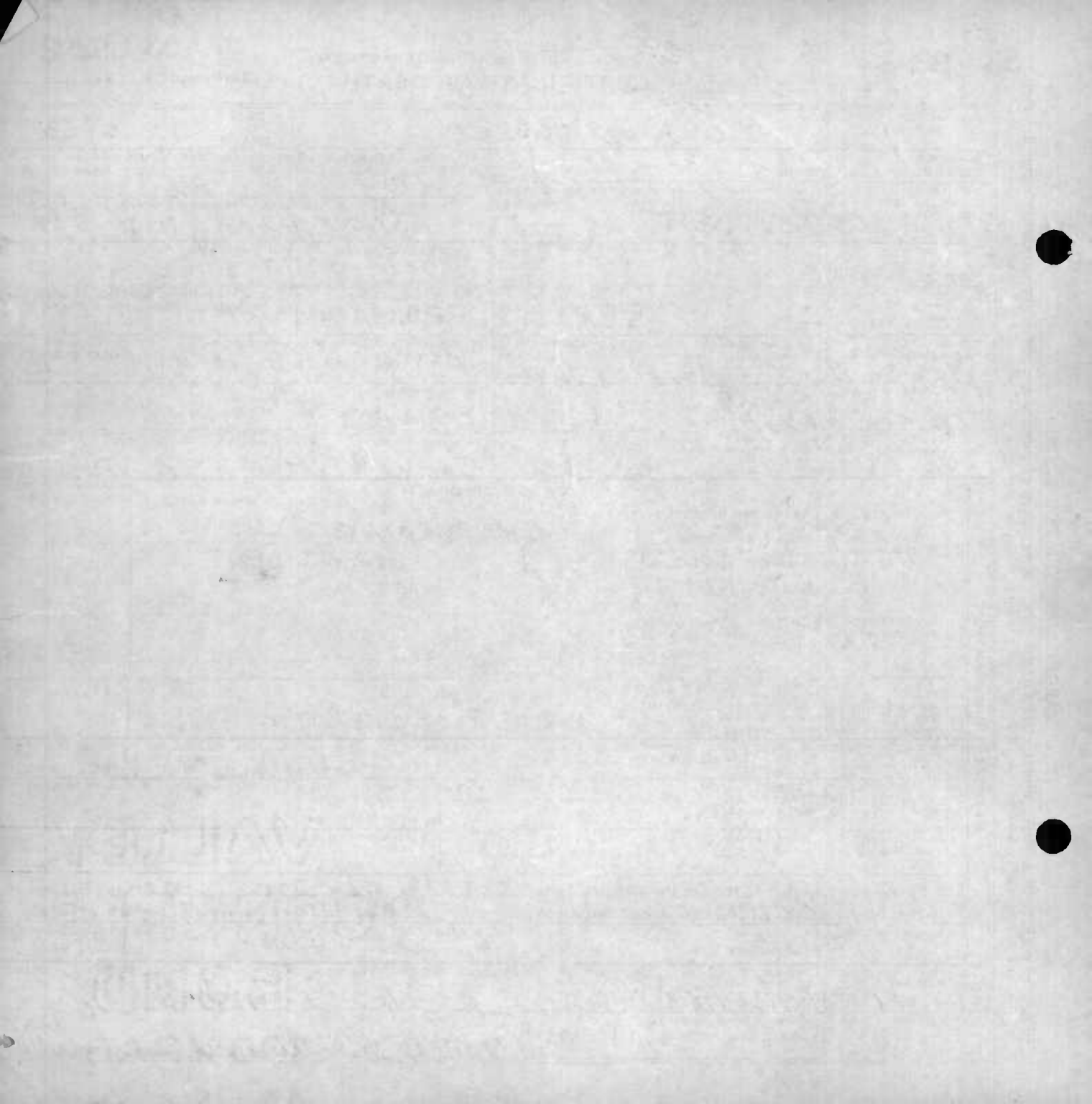
ADDRESS

OCT 20 1953

Huntington Williams, Jr.

Mrs. Kate Williams

Schweden St



5-346  
53 9293BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9293

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Annie Cure Sadler

2. DATE  
OF  
DEATH

Oct. 17, 1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

519 N. Vincent St.

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX  
Female6. COLOR OR RACE  
Col.7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widow8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Horsewife

9. FATHER'S NAME

Robert Cure

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
before admission)

A. STATE

B. COUNTY

Md.  
Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

519 N. Vincent St.

8. DATE OF BIRTH

Dec. 25, 1889

9. AGE (in years  
last birthday)

70

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Hannah Holland

17. INFORMANT

Lillian Henson

ADDRESS 2406

18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

2 weeks

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiac Vascular  
(C) Renal DiseaseII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Aug 5, 1953 to Oct. 17, 1953 that I last saw the  
deceased alive on Oct 17, 1953 and that death occurred at 9:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

Huntington Whitehead, M.D. Mrs. Kate R. Williams Schroeder

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH



53

B-640  
9294BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9294  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOWARD BURLEY

2. DATE  
OF  
DEATH

10-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2332 Annapolis Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

25 33

D. STREET ADDRESS (If rural, give location)

2332 Annapolis Ave.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 1898

9. AGE (in years last birthday)

55

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mt. Winans Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Honore W. Burley

14. MOTHER'S MAIDEN NAME

Hattie Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Clarence Burley

ADDRESS

2408 Aurora St

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

HYPERTENSIVE CARDIO-  
VASCULAR DISEASE

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **PARTIAL AUTOPSY** hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph G. Jachimowicz M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

MEDICAL INVESTIGATOR

23C. DATE SIGNED

10-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 20 1953

Huntington

Mr. Peter Williams

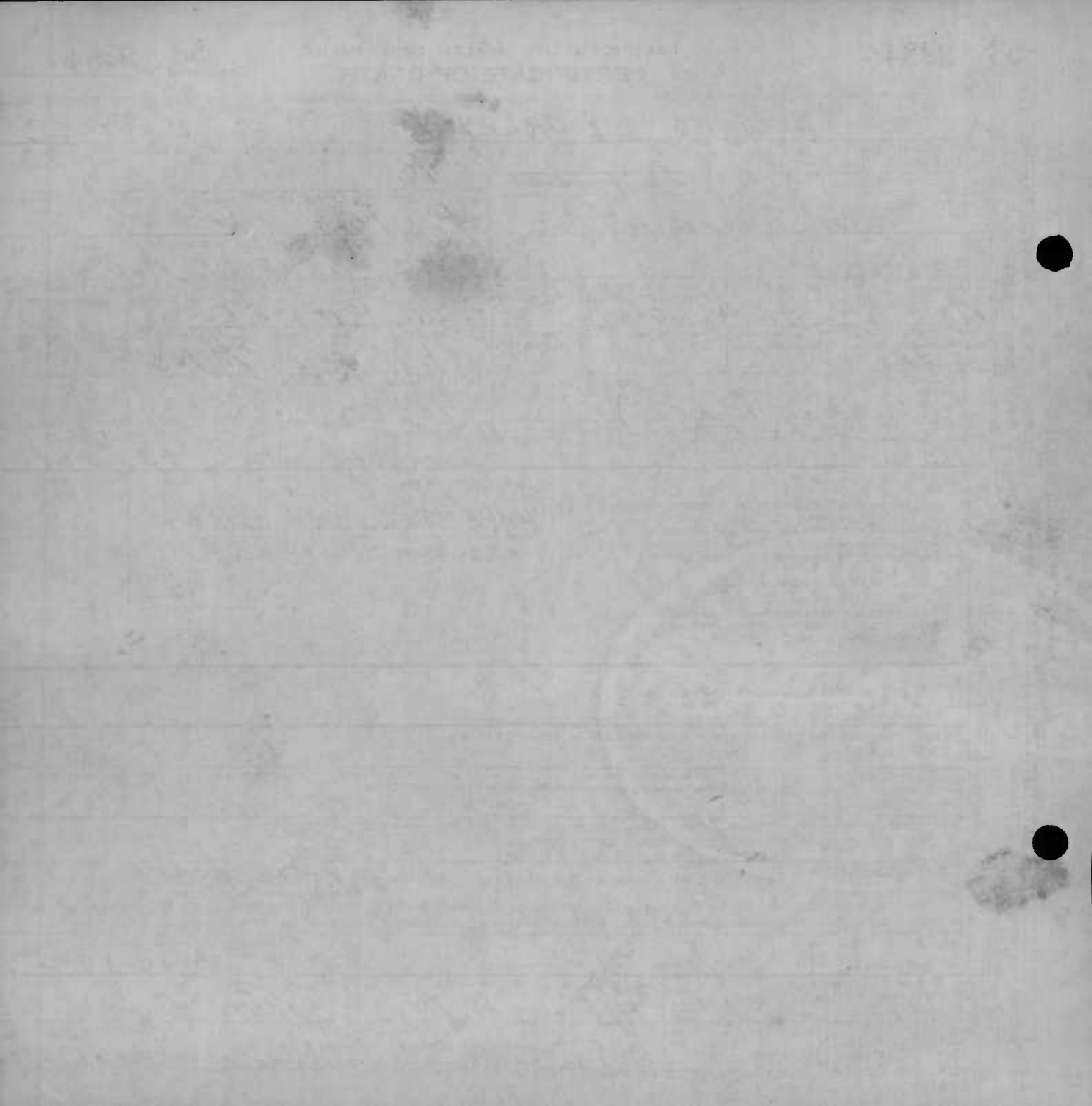
Schneider

VS 151

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

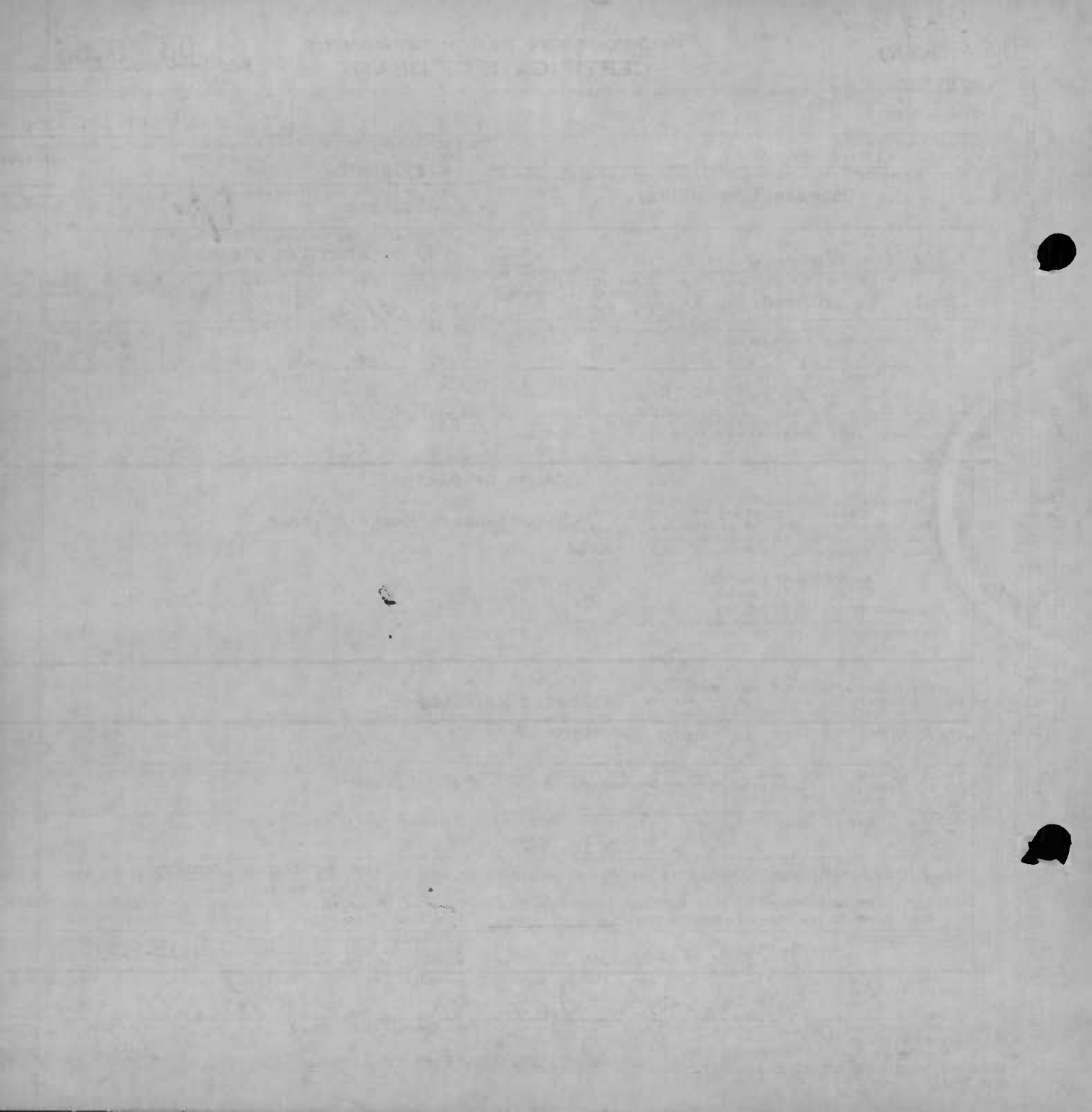




BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9295

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) PAULINE		2. DATE OF DEATH October 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 933 W. Franklin Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21, 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 48
13. FATHER'S NAME John H. Smith		11. BIRTHPLACE (State or foreign country) America Co. Va.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Bessie	
17. INFORMANT Louise Harris		ADDRESS 933 W. Franklin St.	
18. 443X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. H. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 10-19-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 23, 1953	
24C. NAME OF CEMETERY OR CREMATORY First Baptist Cem.		24D. LOCATION (City, town, or county) (State) Deethsville, Pa.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNDAL DIRECTOR R. Williams		ADDRESS 322 N. Schroeder St.	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9296**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER A. POOLE

2. DATE  
OF  
DEATH

Oct. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR US Public Health Service  
INSTITUTION Hospital

Wyman Pk. Drive &amp; 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3120 St. Paul Street

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

3/19/73

9. AGE (In years

last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Staff Member

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Sunpapers

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Ralph A. Poole

14. MOTHER'S MAIDEN NAME

Clara Harriman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.  
213-03-2733

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 145X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Bilateral bronchopneumonia secondary to

Recent

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Carcinoma, squamous cell type, right anterior tonsillar pillar, with metastases in cervical lymph nodes and left lower lobe of lung

Unknown

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1953, to Oct. 19, 1953, that I last saw the deceased alive on Oct. 19, 1953, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James A. Hunter, Clinical Director M.D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

10/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

10/21/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

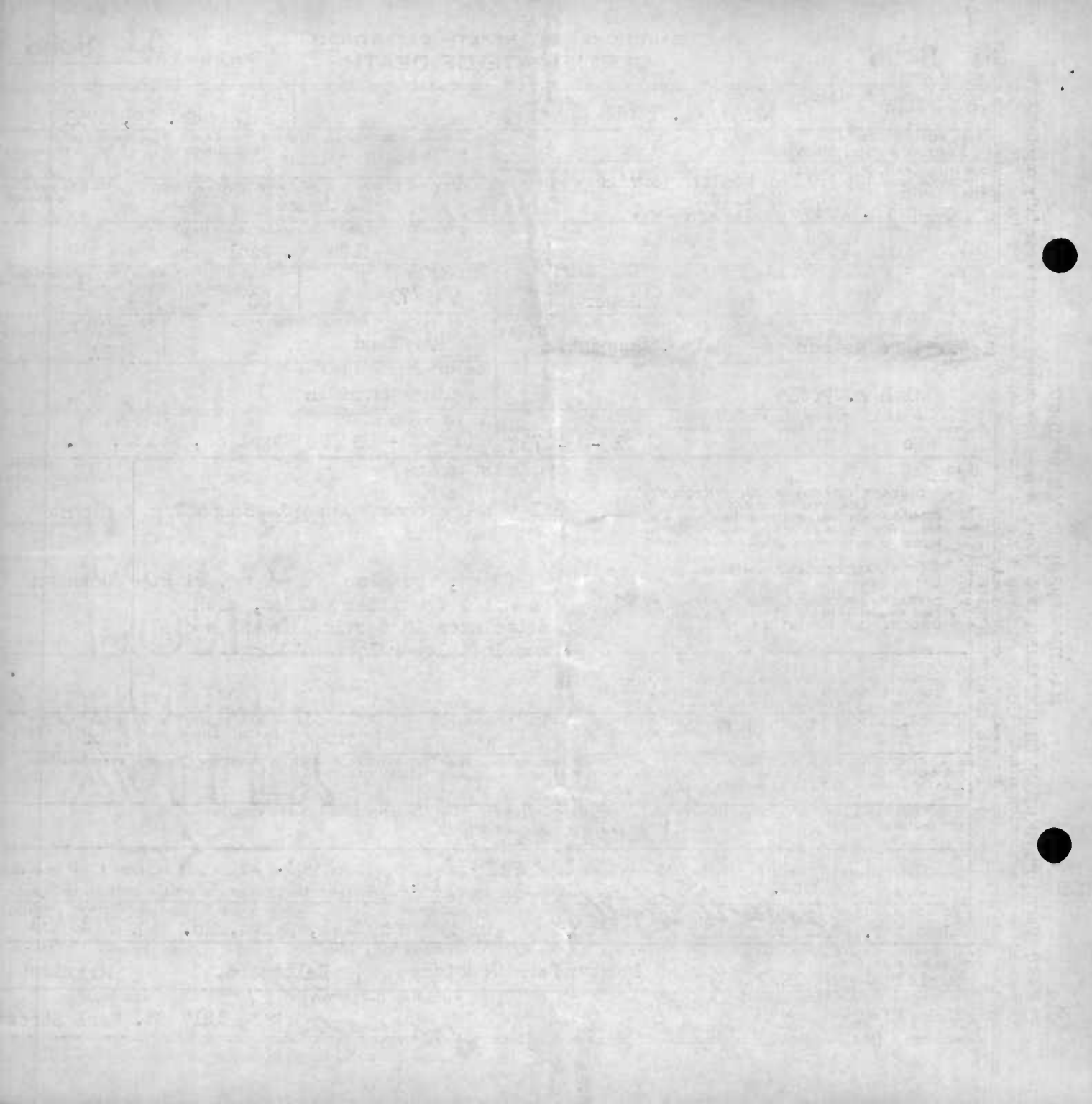
ADDRESS

OCT 20 1953

Huntington Williams, M.D.

Wm. Cook

1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9297  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROBERTA J. BURKE

2. DATE OF DEATH  
Oct. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 821 A Park Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

821 A PARK AVENUE

D. STREET ADDRESS (If rural, give location)

BALTIMORE MARYLAND

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 25, 1908

9. AGE (In years last birthday)

45

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas A. Berry

14. MOTHER'S MAIDEN NAME

Mary E. Forsythe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.  
212-26-0605

17. INFORMANT

ADDRESS

George W. Burke 821 A Park Avenue

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Metastatic carcinoma in liver

DUE TO

4 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Squamous cell carcinoma of cervix

DUE TO

3 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to Oct 19, 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 2:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel H. Norwood

M. D.

23B. ADDRESS

Church Home &amp; Hospital

23C. DATE SIGNED

Oct 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Oct. 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Westerville Cemetery

24D. LOCATION (City, town, or county)

Westerville, Ohio

(State)

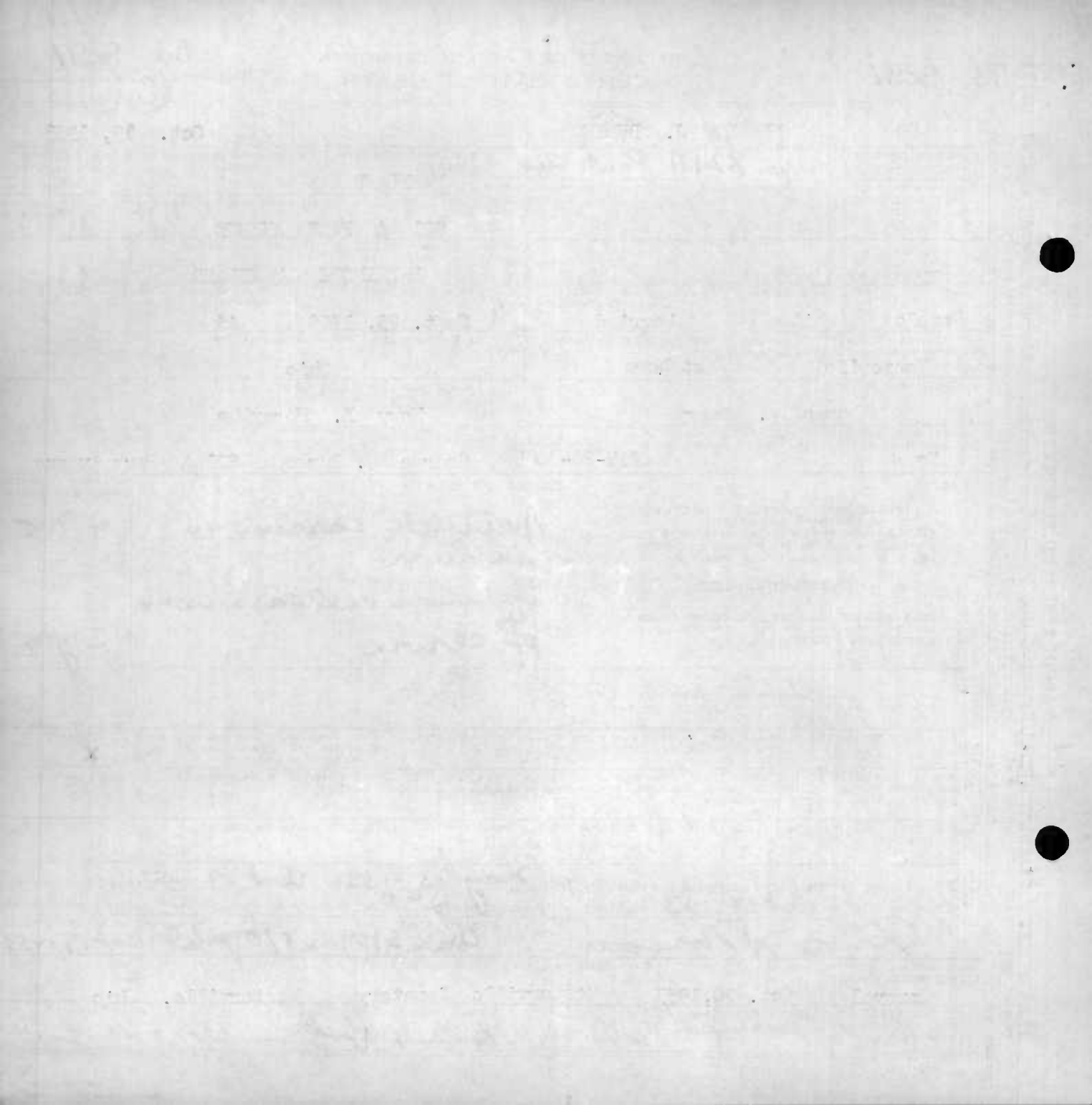
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington B. Williams, M.D. 1217 St. Paul St

25. FUNERAL DIRECTOR

ADDRESS

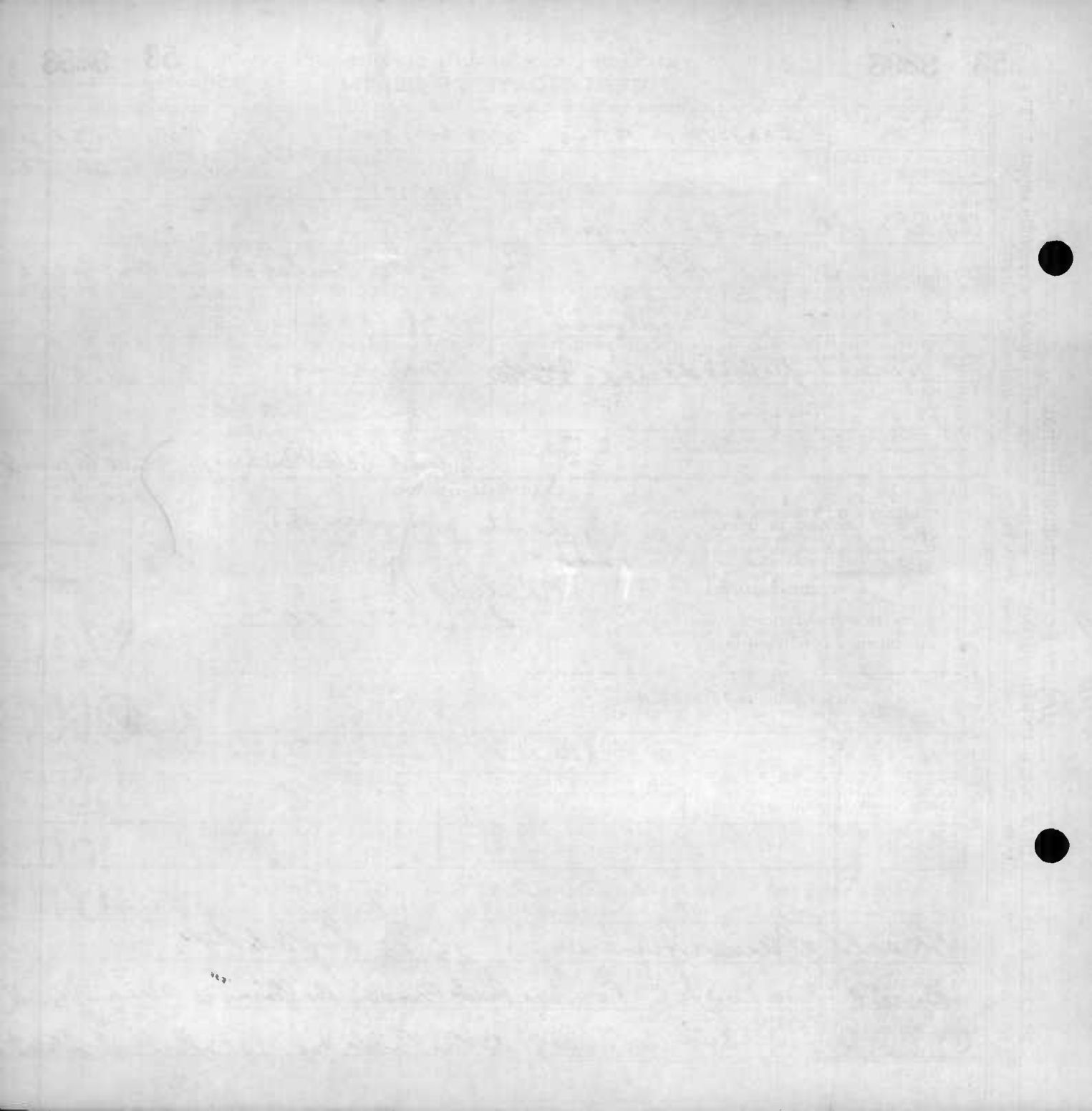




53 9298

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9298  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ernestine M. Schellenberger</i>		2. DATE OF DEATH <i>Oct. 17, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore Gen. Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5253 Durdock</i>			
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>7606 Poplar Road, Balto. 22</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>12/20/1883</i>	9. AGE (in years last birthday) <i>69</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife - Hand stitcher - Ready to</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>John Burzman</i>		14. MOTHER'S MAIDEN NAME <i>Lizzie Belt</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>August Schellenberger, 7606 Poplar Rd.</i>		
18. <i>584.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute pancreatitis</i>		CAUSE OF DEATH (A) <i>Acute pancreatitis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Cholelithiasis &amp; cholecystocholitis</i> DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10-7-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Bill bladder drainage</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 15</i> , 1953, to <i>Oct. 15</i> , 1953, that I last saw the deceased alive on <i>Oct. 15</i> , 1953, and that death occurred at <i>5:05 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Donald B. Jones</i>		23B. ADDRESS <i>1213 Light St.</i>		23C. DATE SIGNED <i>Oct. 15, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/22/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR <i>Huntington-Walton, Mort. Co., Inc.</i>		ADDRESS <i>1217 St. Paul Street</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington-Walton, Mort. Co., Inc.</i>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-263

9299

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9299

1. NAME OF DECEASED (Type or Print) <i>Elise P. Packard</i>			2. DATE OF DEATH <i>Oct 19 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution; give street address or hospital or institution location) <i>3401 Charles St</i> <i>Greenway Apts</i>			C. CITY OR TOWN (If outside corporate limits, write rural, and give township) <i>Baltimore</i> <i>12-02</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3401 N Charles St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct 1, 1871</i>	9. AGE (In years last birthday) <i>82</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Joseph Packard</i>			14. MOTHER'S MAIDEN NAME <i>Laura Bennett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>Lee Packard Bellona Ave 12</i>		
18. <i>450.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Senility</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Arteriosclerotic vascular disease</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>August 14</i> , 1953, to <i>Oct 19</i> , 1953, that I last saw the deceased alive on <i>Oct 19</i> , 1953, and that death occurred at <i>7 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>George A. Watson</i>		23B. ADDRESS <i>1101 St. Paul St.</i>		23C. DATE SIGNED <i>Oct 20 '53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Oct 22 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loy Hill</i>	
24D. LOCATION (City, town, or county) (State) <i>Alexandria Va.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington, Baltimore, Md. H. R. Jenkins &amp; Sons Co 4905 York Rd</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 20 1953</i>		VS 150			

Dr. Geo. Watson  
1101 St Paul

CERTIFICATE CORRECTED 11-2-53

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9300

BIRTH NO. 53 9300

1. NAME OF DECEASED (Type or Print) <b>HOWARD Grafton CARLYLE CARLISLE</b>			2. DATE OF DEATH <b>October 19, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>746 Northern Parkway</b>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>Life time</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>746 Northern Parkway</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3/13/1900</b>	9. AGE (In years last birthday) <b>53</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>B &amp; O Railroad</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Freight Claim Dept.</b>		
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Howard R. Carlisle</b>			14. MOTHER'S MAIDEN NAME <b>Florence Fredericks</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Wife</b>			ADDRESS <b>Same</b>		

18. **420.0**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Old Myocardial Infarction**  
DUE TO **Arteriosclerotic and Hypertensive Heart Disease**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....  
(C) .....II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

**R. F. Fisher** M.D.23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **10-19-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Oct. 22, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Loudon Park Cemetery**

24D. LOCATION (City, town, or county) (State)

**Baltimore, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 20 1953****Henry W. Jenkins & Sons Co.****4905 York Rd.****Baltimore 12, Md.**

VS 151

**69050**

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State of Texas, this 1st day of January, 1900.

JOHN W. HANCOCK, Attorney General

THE STATE OF TEXAS, County of \_\_\_\_\_, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the files of the Attorney General.

WITNESSED my hand and the seal of the State of Texas, this 1st day of January, 1900.

JOHN W. HANCOCK, Attorney General

NOTARIAL PUBLIC, State of Texas, County of \_\_\_\_\_, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the files of the Attorney General.

WITNESSED my hand and the seal of the State of Texas, this 1st day of January, 1900.

JOHN W. HANCOCK, Attorney General



B-412  
9301BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9301

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Blubaugh, Elsie Catherine

2. DATE  
OF

DEATH October 20, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Cumberland

D. STREET ADDRESS (If rural, give location)

Route 2

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birth day)If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 241X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchial asthma

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 19, 1953, to October 20, 1953 that I last saw the  
deceased alive on Oct. 20, 1953, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline Street

Oct. 20, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH



WALLEY  
COMPRESS  
BOND  
100-68-60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

9303

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9303

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

E. LESTER MULLER

2. DATE  
OF  
DEATH

Oct. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1601 E. 32nd St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1601 E. 32nd St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 31, 1890

9. AGE (In years  
last birthday)

63

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Rtd state employee

10B. KIND OF BUSINESS OR  
INDUSTRYFederal Housing  
Administration

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Robert Muller

14. MOTHER'S MAIDEN NAME

Jane Barthallow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Mary Alice Muller-1601 E. 32nd St.

18. 420.1 and 260X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

CEREBRAL ARTERIO SCLEROSIS

INTERVAL BETWEEN  
ONSET AND DEATH

3 YRS. 6 MO.

5 YRS. +

12 YRS. +

12 YRS.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1941, to 10-19, 1953, that I last saw the  
deceased alive on 10/19, 1953, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Wm. A. Chace

23B. ADDRESS

6331 Belair Rd. (6)

23C. DATE SIGNED

10-20-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 20 1953

REGISTRAR'S SIGNATURE

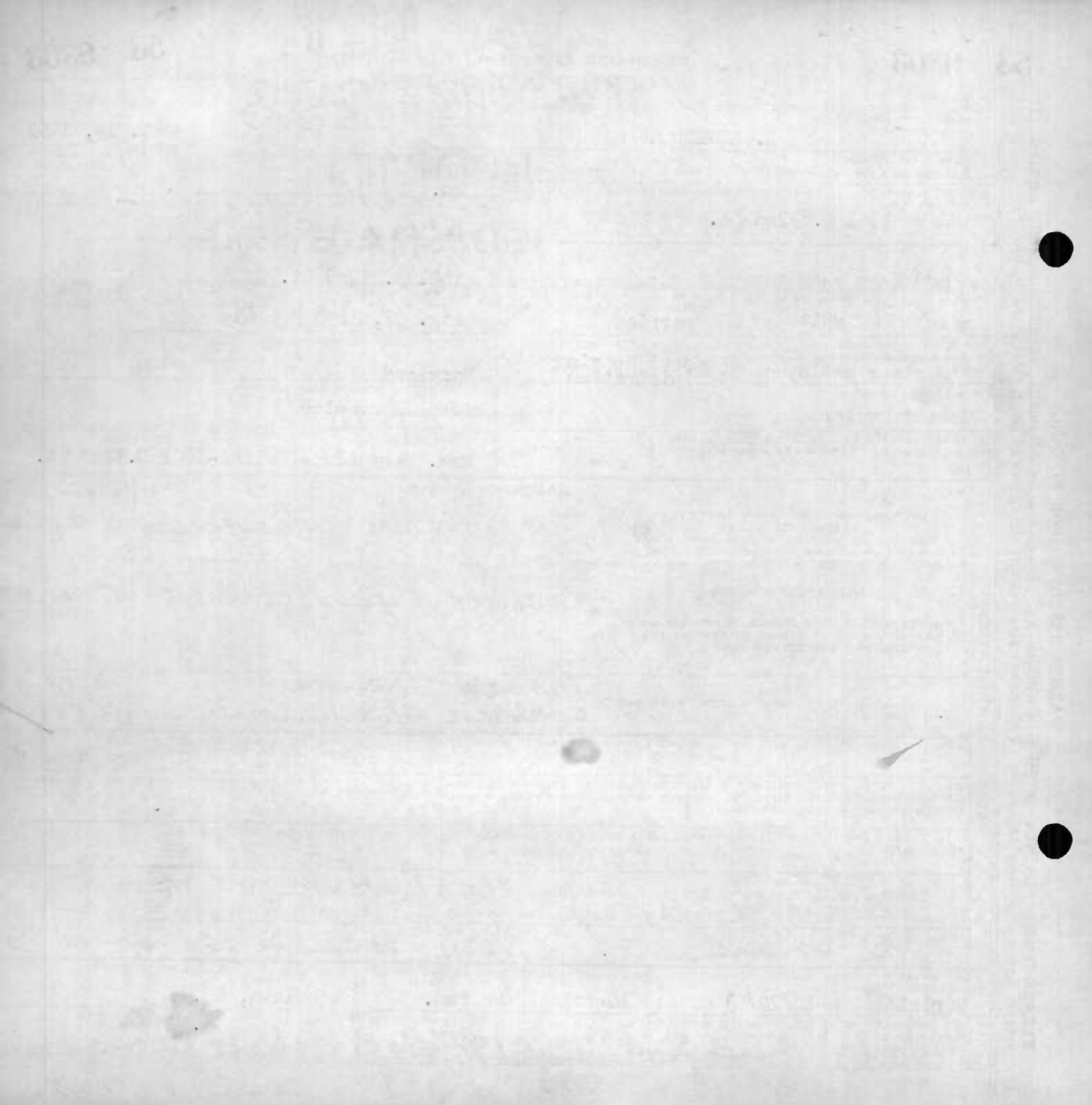
Huntington Williams

25. FUNERAL DIRECTOR

Huntington Williams

ADDRESS

17, Md.





53

9304

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53

9304

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Tongue

2. DATE  
OF  
DEATH

Oct 19 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Hale St

4. USUAL RESIDENCE (Where deceased lived. If institutional residence  
before admission)

A. STATE

Md

B. COUNTY

Anne Arundel

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Cumberland

D. STREET ADDRESS (If rural, give location)

5200

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-10-1907

9. AGE (in years,  
last birthday)

46

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 193X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Cardiorespiratory Failure

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

glioblastoma of the Brain

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1953 to 10/20, 1953, that I last saw the  
deceased alive on 10/20, 1953, and that death occurred at 3:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Andy

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-20-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Chesapeake

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

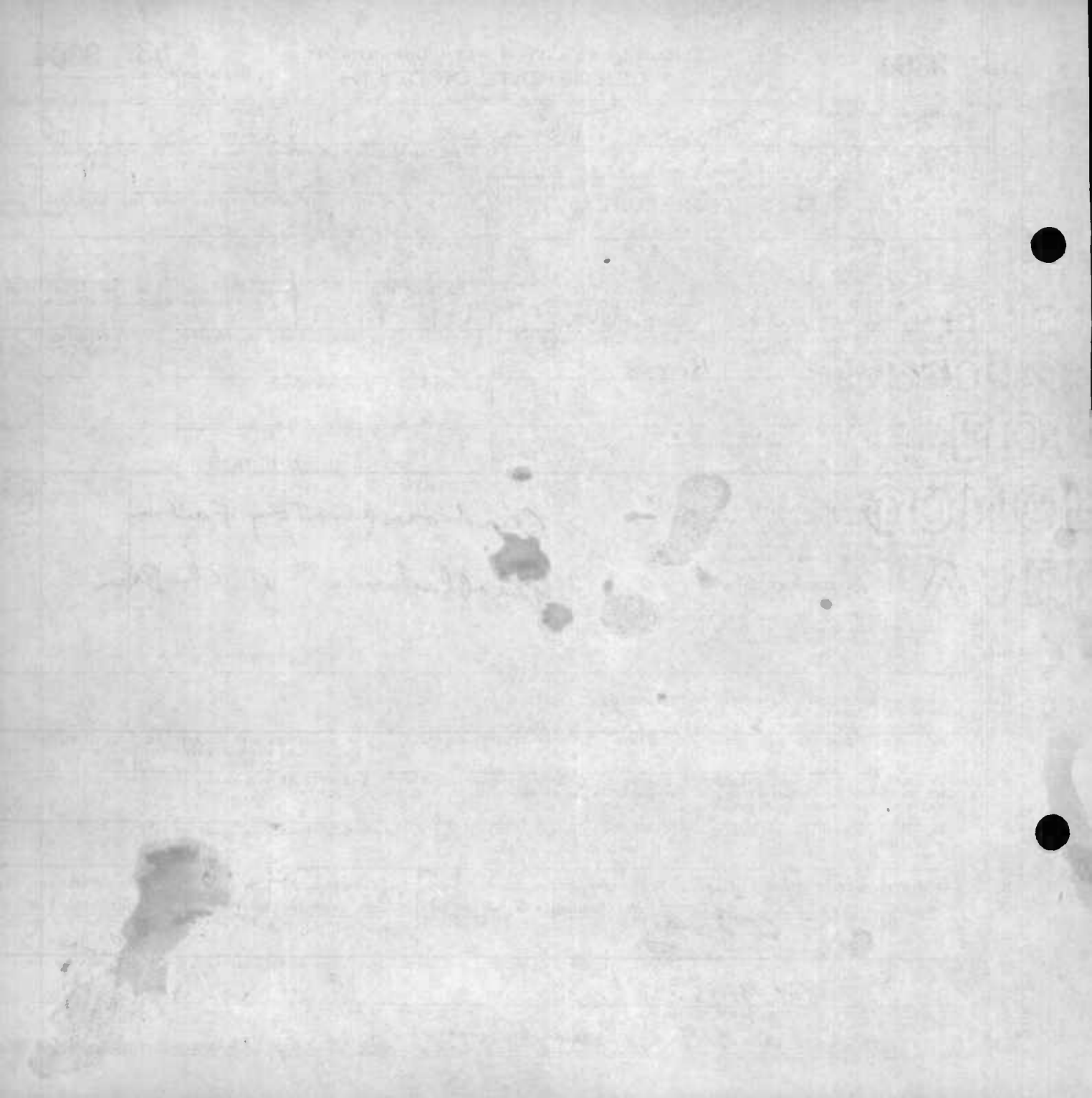
H. H. Hardy &amp; Son, Baltimore, Md

ADDRESS

OCT 20 1953

VS 150

7208A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9305

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET M. SPICER

2. DATE  
OF  
DEATH

OCT. 17, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2724 N. CHARLES ST.

4. USUAL RESIDENCE (Where deceased lived, If institution - residence before admission)

A. STATE

MD.

B. COUNTY

1-01

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

DOCTOR'S HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

O. STREET ADDRESS (If rural, give location)

3015 HUDSON ST.

c. Length of stay in Baltimore

LIFE Yrs.  
Mos.  
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

3- -1874

9. AGE (in years,  
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR  
INDUSTRY

HOUSE WORK

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

MADDEN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

HARRY SPICER 3238 O'DONNELL ST.

18. 443x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Pulmonary. Edema.

(C) DUE TO

Heart Failure.

INTERVAL BETWEEN  
ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949 35 19, to Oct 17, 1953 that I last saw the deceased alive on Oct. 17, 1953, and that death occurred at 1 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Gailer M.O.

23B. ADDRESS

2911 E. Carter Ave. BALTO., MD.

23C. DATE SIGNED

10/19/53.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-21-53.

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL CEM

24D. LOCATION (City, town, or county)

5712 O'DONNELL ST. BA. MD.

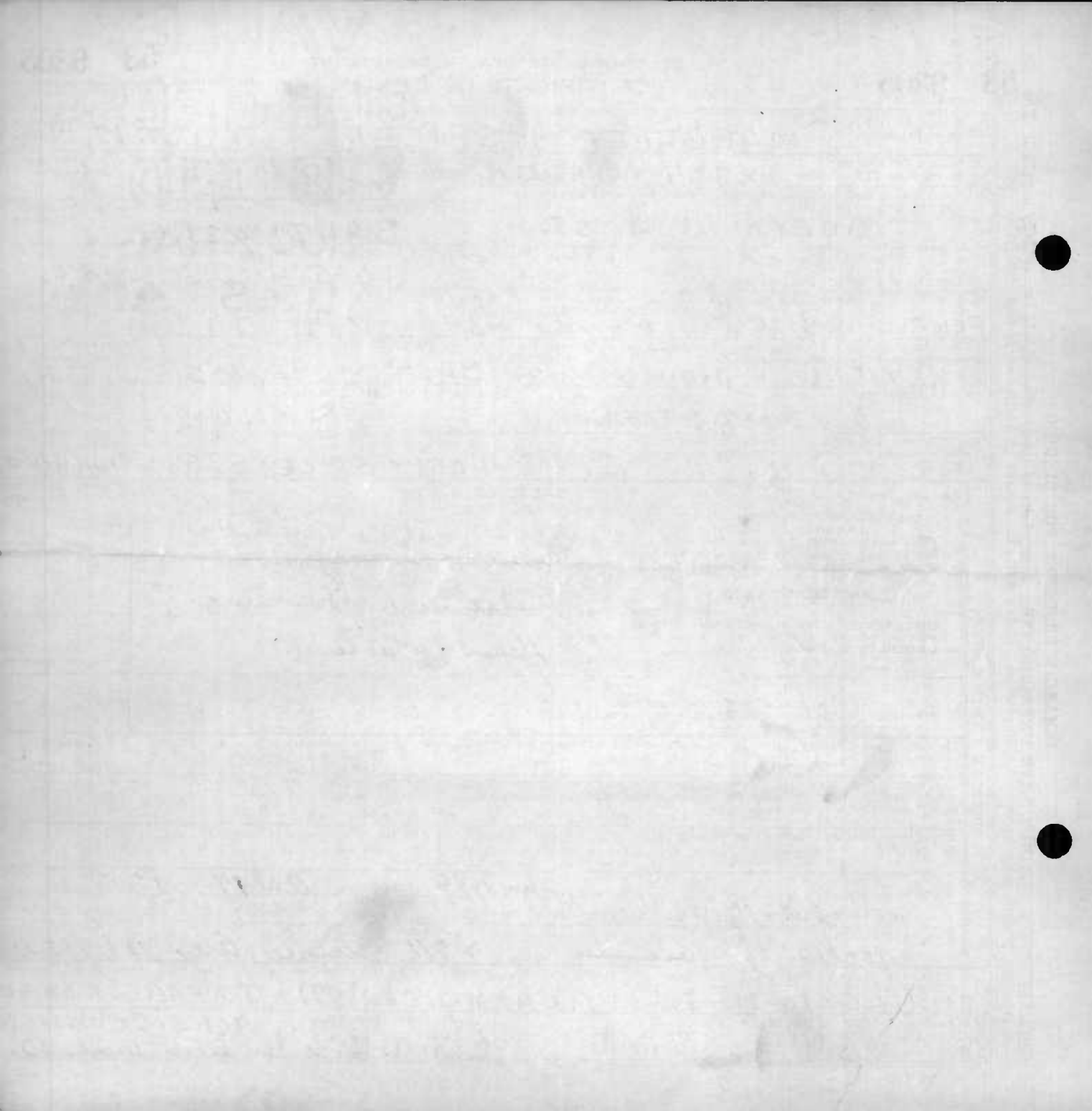
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. 3-5

25. FUNERAL DIRECTOR

Charles J. Gailer 901 S. CONKLING ST. BALTO., MD.



K-565  
9306BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9306  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>LUDWIG KAMMERMAYER</b>		2. DATE OF DEATH <b>10/19/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>3304 TOONE ST.</b>		C. CITY OR TOWN (If outside corporate limits, write full name of town and give township) <b>BALTIMORE</b>	
C. Length of stay in Baltimore <b>65</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3304 TOONE ST.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>FEB. 1, 1873</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>COPPER WORKS</b>	9. AGE (In years last birthday) <b>80 YRS</b> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>? KAMMERMAYER</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>LUDWIG KAMMERMAYER</b>		ADDRESS <b>SAME</b>	
18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ARTERIOSCLEROTIC CARDIO - VASCULAR DISEASE</b> CAUSE TO <b>GENERALIZED ARTERIOSCLEROSIS</b> CAUSE TO <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/10</b> , 19 <b>53</b> , to <b>10/19</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/19</b> , 19 <b>53</b> , and that death occurred at <b>9 45 pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Henry J. Houska</b>		23B. ADDRESS <b>333 S. EAST AVE</b>	
23C. DATE SIGNED <b>10/19/53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-23-53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Saved Heart Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>7401 GERMAN HILL RD. BALCO MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 20 1953</b>		25. FUNERAL DIRECTOR <b>Huntington &amp; Williams, 901 S. CONKLING ST. BALTO., MD.</b>	

MEDICAL CERTIFICATION

1. Name of Deceased: John Doe  
2. Sex: Male  
3. Age: 45  
4. Date of Birth: 10/10/1910  
5. Place of Birth: City, State  
6. Usual Residence: 123 Main St, City, State  
7. Date of Death: 11/15/1955  
8. Time of Death: 10:00 AM  
9. Place of Death: Home  
10. Cause of Death: Heart Disease  
11. Manner of Death: Natural  
12. Signature of Physician: Dr. J. K. Smith  
13. Signature of Medical Examiner: Dr. A. B. Jones

Authorized Signatures  
Physician  
Medical Examiner

14. Date of Burial: 11/20/1955  
15. Place of Burial: Cemetery  
16. Signature of Undertaker: Mr. C. D. Green



I-562

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9307

9307

1. NAME OF DECEASED  
(Type or Print)

Lillie I. Inners

2. DATE  
OF  
DEATH

October 17th., 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY  
City

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION 1625 Ensor Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

6. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1625 Ensor Street

7. SEX

Female

8. COLOR OR RACE

White

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10. DATE OF BIRTH

2-5-1885

11. AGE (in years  
last birthday)

68

12. Under 1 Year  
Months: Days

8

11

13. Under 24 Hours  
Hours: Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

15. KIND OF BUSINESS OR INDUSTRY

None

16. BIRTHPLACE (State or foreign country)

Baltimore, Md.

17. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

18. FATHER'S NAME

Howard E. Inners

19. MOTHER'S MAIDEN NAME

Elizabeth Wheitkamp

20. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No

None

21. SOCIAL  
SECURITY NO.

None

22. INFORMANT

ADDRESS

William H. Inners-1625 Ensor Street

18. 331X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral-Vascular Accident

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

1 day

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Insufficiency; Asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 1953, to Oct. 17, 1953, that I last saw the deceased alive on Oct. 17, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-21-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Oliver Cemetery

24D. LOCATION (City, town, or county)

Frederick Rd. Balto: Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

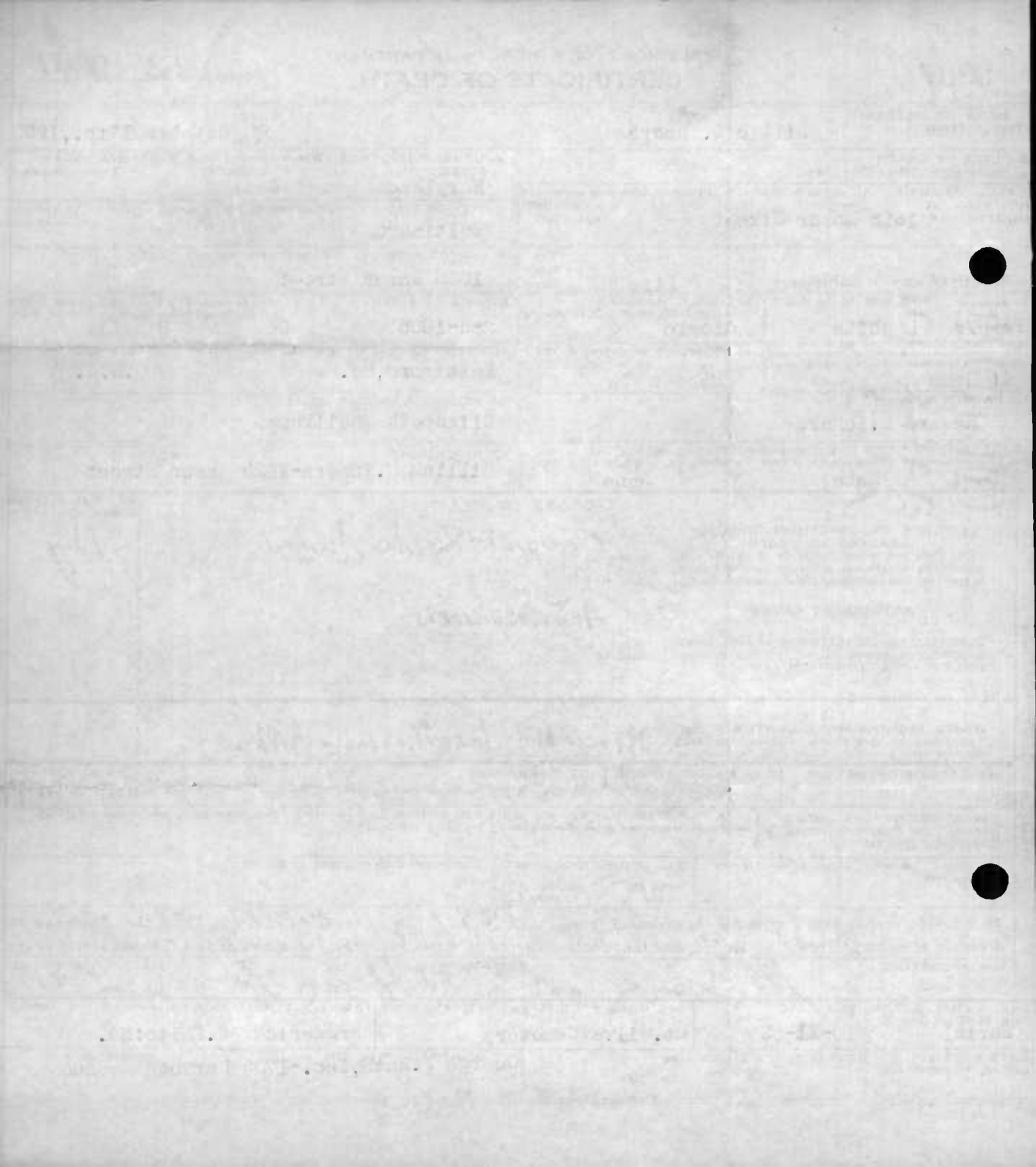
25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

OCT 20 1953

VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9308**

**J-200**  
9308  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Jess, Edward Moore</b>		2. DATE OF DEATH <b>10/19/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Howard</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Jessup</b> <b>6200</b>	
D. STREET ADDRESS (If rural, give location) <b>--</b>			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7/29/73</b>
9. AGE (In years last birthday) <b>80</b>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown - retired</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>B &amp; O Railroad</b>	
11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Edward - deceased Jess</b>		14. MOTHER'S MAIDEN NAME <b>Unknown - deceased Sarah - ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT ADDRESS <b>St. Agnes Hospital Records</b>	

18. <b>570.5</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Intestinal Obstruction</b> DUE TO	CAUSE OF DEATH <b>Intestinal Obstruction</b>	INTERVAL BETWEEN ONSET AND DEATH <b>11:30 PM - 10/18/53</b> <b>12:30 AM</b> <b>10-19-53</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO (C) DUE TO	

19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

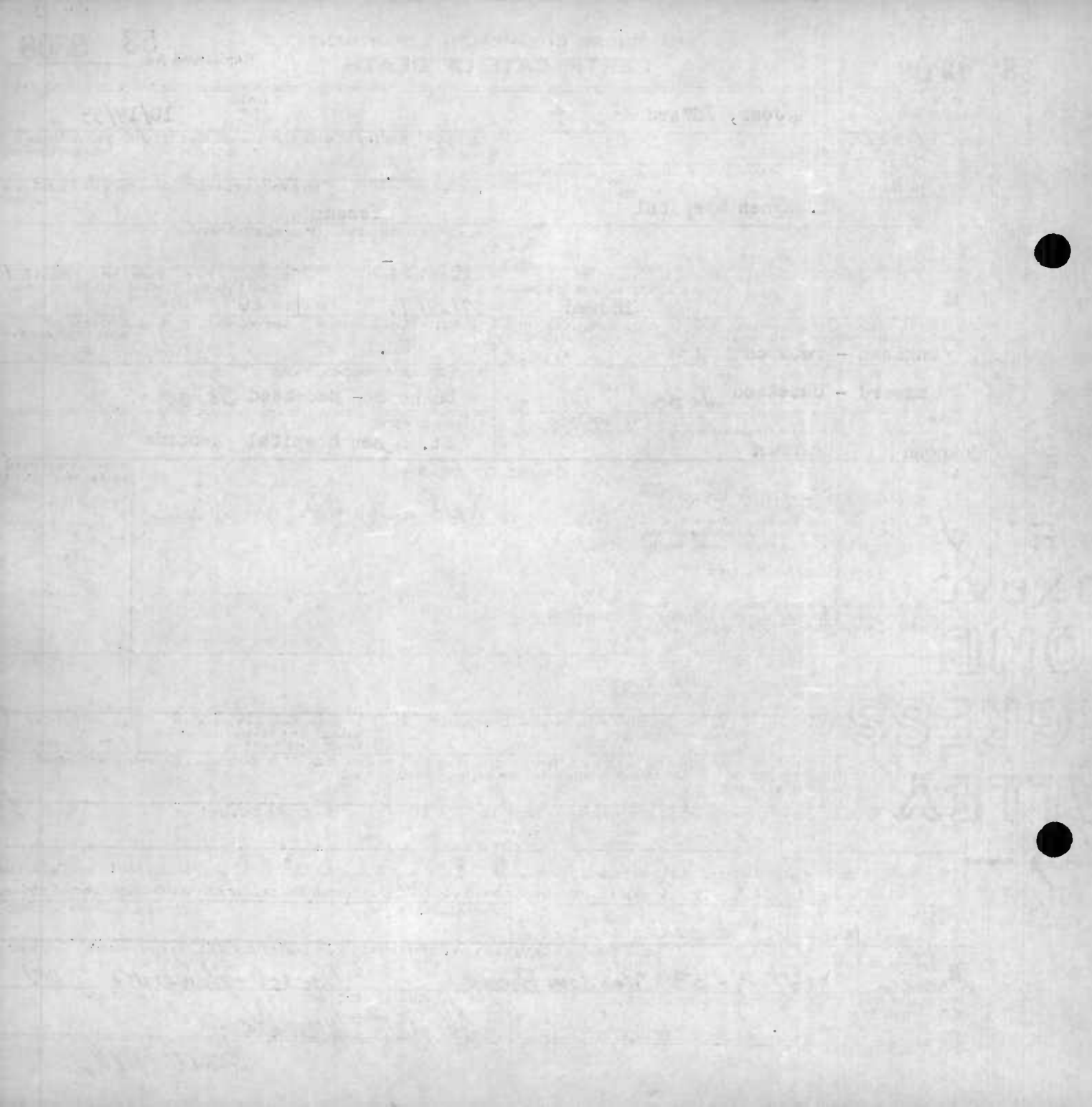
22. I hereby certify that I attended the deceased from **10-18-**, 19**53** to **10-19-**, 19**53** that I last saw the deceased alive on **11-18-**, 19**53**, and that death occurred at **12:30 m.**, from the causes and on the date stated above.

23A. SIGNATURE **Thomas W. Higgins** M. D. 23B. ADDRESS 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct 21-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Meadow Ridge</b>	24D. LOCATION (City, town, or county) (State) <b>Dorsey - Howard Co Md</b>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

**OCT 20 1953**  
VS 150

**Edward J. McK.**



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9309

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EMMA

Varveri

2. DATE  
OF  
DEATH

OCT 19 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oster 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto.

D. STREET ADDRESS (If rural, give location)

1004 Ashland Ct.

5. SEX

female white

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12-2-98

9. AGE (In years,  
last birthday)

54

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

home

10B. KIND OF BUSINESS OR  
INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JOHN EDEN

14. MOTHER'S MAIDEN NAME

WILHEMINA JOHANSEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Superior basal cerebral obstruction

INTERVAL BETWEEN  
ONSET AND DEATH

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of breast

? 9 mos.

(C) DUE TO

Metastatic carcinoma of breast

3 1/2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28-1953 to 10-19-1953 that I last saw the  
deceased alive on 10-19-1953 and that death occurred at 6:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

John H. Higgins, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/20/53

24A. BURIAL CREMA  
TION, REMOVAL (Specify)

24B. DATE

OCT. 21, 53

24C. NAME OF CEMETERY OR CREMATORY

IMMANUEL CEM.

24D. LOCATION (City, town, or county)

BALTO MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. H. Higgins, M.D.

25. FUNERAL DIRECTOR

PAUL H. FREEMANN

ADDRESS

6067 HARFORD RD.

EMMA VALLEY

by

Ratio

1000 Ashland

12-2-22

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9310****53 9310**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>GEORGE COLLINS</b>			2. DATE OF DEATH <b>10-17-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Morgue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>1 yr</b>			D. STREET ADDRESS (If rural, give location) <b>806 E. Baltimore St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 22, 1943</b>		9. AGE (in years last birthday) <b>9</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (State or foreign country) <b>Washington, D.C.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Stalin G. Collins</b>			14. MOTHER'S MAIDEN NAME <b>Aspasia Couris</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Aspasia Welsh, 806 E. Balto., St/</b>		

18. **E9-9.8**

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**DROWNING**

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Harbor**21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
**Pier #6, Pratt St.**21D. TIME (Month) (Day) (Year) (Hour)  
**Oct. 17, 1953 5:10 P.m.**21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR? **small fish with long pole  
fell into water while trying to catch**22. I certify that I took charge of the remains described above, held an **INSPECTION & INQUIRY** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**Joseph A. Jachimczyk**

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**10-18-53**24A. BURIAL, CREMATION, REMOVAL (Specify)  
**RURAL**24B. DATE  
**10-21-53**24C. NAME OF CEMETERY OR CREMATORY  
**St Peters**24D. LOCATION (City, town, or county) (State)  
**Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

**Howard H. Hubbard, 2503 Edmondson Ave**

VS 151

N 990x



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9311**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**RAYMOND Lee WILKERSON**2. DATE OF DEATH **October 18, 1953**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Baltimore City Hospitals**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**1004 Spangler Way**

c. Length of stay in Baltimore

5. SEX

**male**

6. COLOR OR RACE

**white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Aug. 30, 1902**

9. AGE (in years last birthday)

**51**

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

10B. KIND OF BUSINESS OR INDUSTRY

**Balto. City**

11. BIRTHPLACE (State or foreign country)

**Va.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Albert Wilkerson**

14. MOTHER'S MAIDEN NAME

**Mollie Pitts**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

**213-10-1281**

17. INFORMANT

ADDRESS

**Mrs. Estelle Wilkerson, 1004 Spangler Way**18. **E929.8 and 322.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Drowning**~~XXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Acute Alcoholism**

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

**water**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

**Bay Avenue and Wye Road <sup>5200</sup> Balto. Co.**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

**10-18-53 5:15 P.**

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

**fell into water and drowned**22. I certify that I took charge of the remains described above; held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**R. S. Fisher**23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **10-19-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**10/22/53**

24C. NAME OF CEMETERY OR CREMATORY

**Baltimore Cem**

24D. LOCATION (City, town, or county)

**Balto., Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR/

ADDRESS

**OCT 21 1953** **Huntington Williams, M.D. Philip Henry Sons.** **2024 Orleans St.**

VS 151

**N 990X****97093**

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53 9312

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9312  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

May C. HESS

2. DATE  
OF  
DEATH

October 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (not in hospital or institution, give street address or  
location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)  
Baltimore 6-01

D. STREET ADDRESS (If rural, give location)

153 N. Decker Avenue

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1877

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Hess

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT ADDRESS

Philip Herwig Jr. 3013 Pulaski Hwy.

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23. SIGNATURE

Joseph G. Jackimayk

23b. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

Oct. 20, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 23/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FEDERAL DIRECTOR

Philip Herwig Sons

ADDRESS 2024

Orleans St.





B-655		53 9318		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 9318		9313		Registered No.	
BIRTH NO. 9313		1. NAME OF DECEASED (Type or Print) <b>JENNIE BERMAN</b>						2. DATE OF DEATH <b>10-20-53</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>6-03</b>									
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2201 E. Fairmount Ave</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>									
C. Length of stay in Baltimore <b>50</b> Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days <input type="checkbox"/>		O. STREET ADDRESS (If rural, give location) <b>2201 E. Fairmount Ave</b>									
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>70</b>		9. AGE (In years last birthday) <b>70</b>		10. Under 1 Year Months: Days		11. Under 24 Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME <b>Joseph Levine</b>		14. MOTHER'S MAIDEN NAME <b>Fannie</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Ethel Bloome - Fannie</b>	
18. <b>420.0 and 260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <b>Cerebral Vascular Hemorrhage</b> DUE TO <b>Hemiplegia</b> (B) <b>Arteriosclerosis</b> DUE TO <b>Arteriosclerosis and Hypertension</b> (C) <b>Heart Disease</b> <b>Pneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>?</b> <b>2 days</b> <b>?</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Diabetes mellitus</b>									
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <b>Oct. 9, 1953</b> to <b>Oct. 20, 1953</b> that I last saw the deceased alive on <b>Oct. 20, 1953</b> and that death occurred at <b>2:00 p. m.</b> , from the causes and on the date stated above.											
23A. SIGNATURE <b>G. J. Johnson</b> M. D.						23B. ADDRESS <b>1109 N. Calvert St</b>		23C. DATE SIGNED <b>10-20-53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>10-21-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>		24D. LOCATION (City, town, or county) (State) <b>Balto, Md</b>					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Antonia</b>				25. FUNERAL DIRECTOR <b>Georg Lewis</b>		ADDRESS <b>2100 Eutan Pl</b>			

2000 20

2000 20

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9314  
Registered No.53 9314  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Walker</i>		2. DATE OF DEATH <i>10-19-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>27 Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 17-01</i>	
c. Length of stay in Baltimore <i>UNKNOWN</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>543 W. Biddle St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>UNKNOWN</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>73</i>
11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Lottie ??</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	
17. INFORMANT <i>Mrs Edward Walker</i>		ADDRESS <i>(same)</i>	
18. <i>162 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>1 Broncho-genic Carcinoma</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>UNKNOWN</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>none</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-17</i> , 19 <i>53</i> , to <i>10-19</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10-19</i> , 19 <i>53</i> , and that death occurred at <i>11:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Orlando L. ...</i> M. D.		23B. ADDRESS <i>Mercy Hospital</i>	
23C. DATE SIGNED <i>10-19-1953</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-23-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Union Memorial Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNERAL DIRECTOR <i>Mr. Francis A. Hardy</i>		ADDRESS <i>578 E. Biddle St</i>	

1880 22

RECEIVED  
STANDARD TIME

1880 22



W-650

53 9315

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9315

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Grant E. Warren

2. DATE  
OF  
DEATH

10/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Hanover

D. STREET ADDRESS (If rural, give location)

Box 110B

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 10, 1900

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Laura

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

445X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

2+ wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Malignant hypertension

2+ wks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/13/53

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

malignant hypertension

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5/53, 19\_\_, to 10/19/53, 19\_\_, that I last saw the  
deceased alive on 10/19/53, 19\_\_, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Earl Weaver

M. D.

23B. ADDRESS

University Hoops

23C. DATE SIGNED

10/20/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-23-53

24C. NAME OF CEMETERY OR CREMATORY

St. Mark's, Cal

24D. LOCATION (City, town, or county)

Harmon, A. A. Co. Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

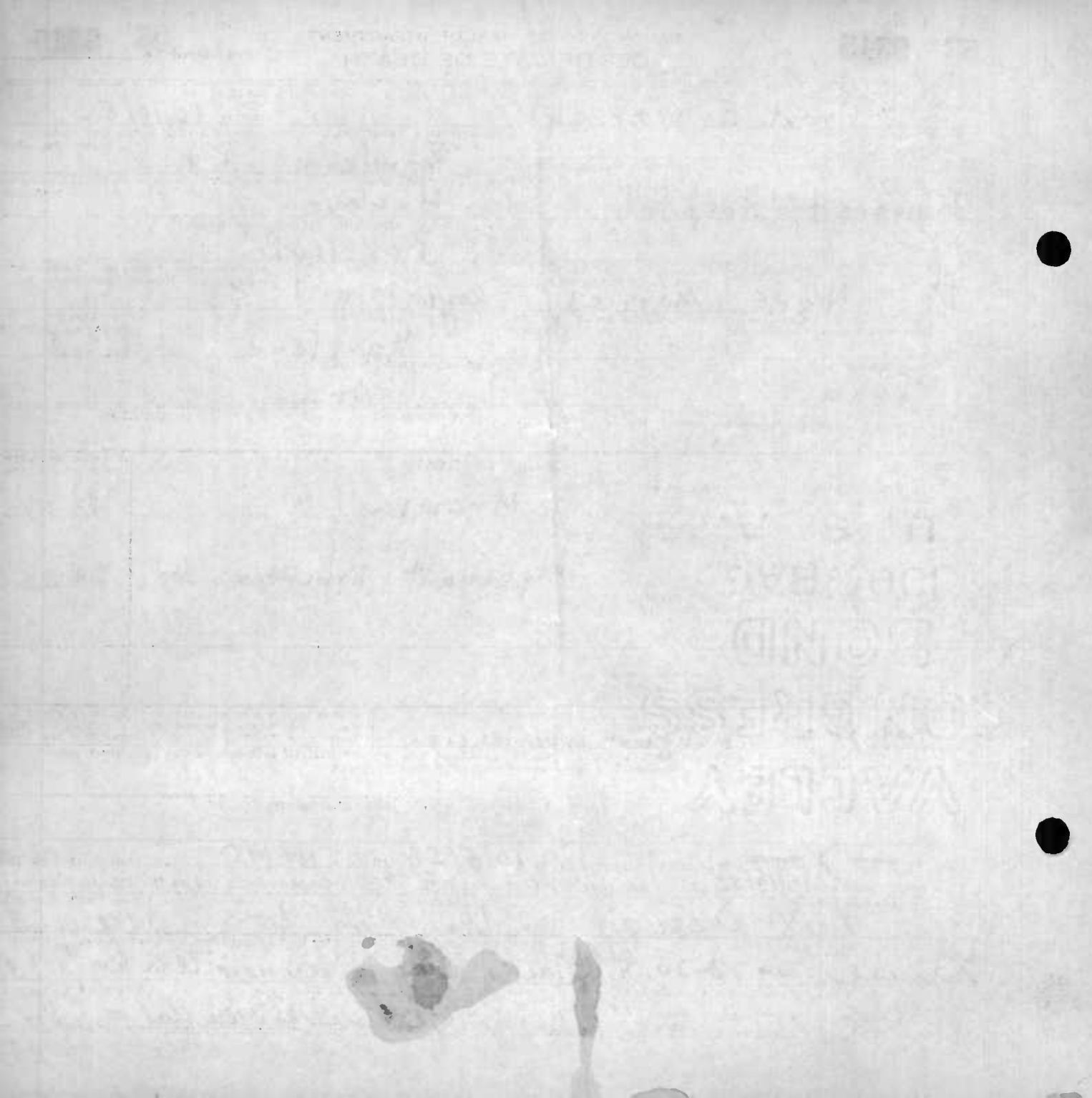
25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1953

Huntington Williams

M. J. Weaver &amp; A. Hensley Biddle





AB-175628 *N-120*

53 9316

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9316  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Walter Novak

2. DATE  
OF DEATH 10-19-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF  
HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 3-02

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

844 S. Bond St. zone 31

5. SEX  
M6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single8. DATE OF BIRTH  
Dec. 19-19219. AGE (In years  
last birthday) 31If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Mariner

10B. KIND OF BUSINESS OR  
INDUSTRY

Merchant Marine

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Pete Novak

14. MOTHER'S MAIDEN NAME

Stella Pidgen (Pidgoon)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

313-12-6639

17. INFORMANT 4940 Eastern Ave.  
Records: Baltimore City Hospitals

18. 410X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Pulmonary infarction chiefly (RR) lung  
& secondary Pneumococcal pneumonia  
in same lung.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Rheumatic Mitral stenosis and insuf-  
ficiency Congestive heart failure.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12-1953, to 10-19-1953 that I last saw the  
deceased alive on 10-19-1953, and that death occurred at 9:30AM, from the causes and on the date stated above.

23A. SIGNATURE

47 John H. ...

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-19-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/23/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem.

24D. LOCATION (City, town, or county)

German Hill Rd.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

B. L. Kaczynski 2525 Fleet St

ADDRESS

100-100000

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100-100000

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5-000  
53 9317BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9317

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>WALTER CHESTON SHAW</b>		2. DATE OF DEATH <b>10-20-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>UNION MEMORIAL HOSP</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b> <b>9-04</b>	
C. Length of stay in Baltimore <b>68</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Yrs. Mos. Days</span>		D. STREET ADDRESS (If rural, give location) <b>3044 MATHEW ST</b> <b>11.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5-11-85</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER-PAINTER</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>68</b>
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>DAVID W. SHAW</b>		14. MOTHER'S MAIDEN NAME <b>LAURA V. CHANDLEY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MABEL TIMBS (SISTER)</b>		ADDRESS <b>3044 MATHEW ST, BALTO.</b>	
18. <b>150 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Gen. Generalized Jaundice</b> DUE TO (B) <b>Esophago-pharyngeal fistula</b> DUE TO (C) <b>Surgery for Ca of Esophagus?</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b> <b>4 wks</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>9-4-53</b>		19B. MAJOR FINDINGS OF OPERATION <b>CARCINOMA ESOPHAGUS, STOMACH</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10 Sept, 1953</b> , to <b>20 Oct, 1953</b> , that I last saw the deceased alive on <b>20 Oct, 1953</b> , and that death occurred at <b>m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>R. B. Caraway</b>		23B. ADDRESS <b>70 Union Memorial Hosp</b>	
23C. DATE SIGNED <b>20 Oct 53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>OCT 23, 1953</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>PARK WOOD</b>		24D. LOCATION (City, town, or county) (State) <b>PARKVILLE MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 21 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
25. FUNERAL DIRECTOR <b>WELBACH FUNERAL HOME</b>		ADDRESS <b>4210 BELAIR</b>	

VS 150

56424



3-650  
53 9318BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9318

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)  
ANDREW BERNEY2. DATE  
OF  
DEATH

Oct 19/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Sq. Hosp.

c. Length of stay in Baltimore

5. SEX  
M6. COLOR OR RACE  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Edward Berney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-09-6756

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE MD B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5353 Dundalk

D. STREET ADDRESS (If rural, give location)

7445 Holabird Ave.

8. DATE OF BIRTH

Oct 8 1881

9. AGE (In years last birthday)

72 2

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ellen Kennedy

17. INFORMANT

ADDRESS

LOUISE KNIGHT 7445 HOLABIRD AV.

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16, 1953, to 10-19, 1953, that I last saw the deceased alive on 10-19, 1953, and that death occurred at 4:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Murphy

23B. ADDRESS

Franklin Sq. Hosp.

23C. DATE SIGNED

Oct 19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART

24D. LOCATION (City, town, or county)

DUNDALK MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

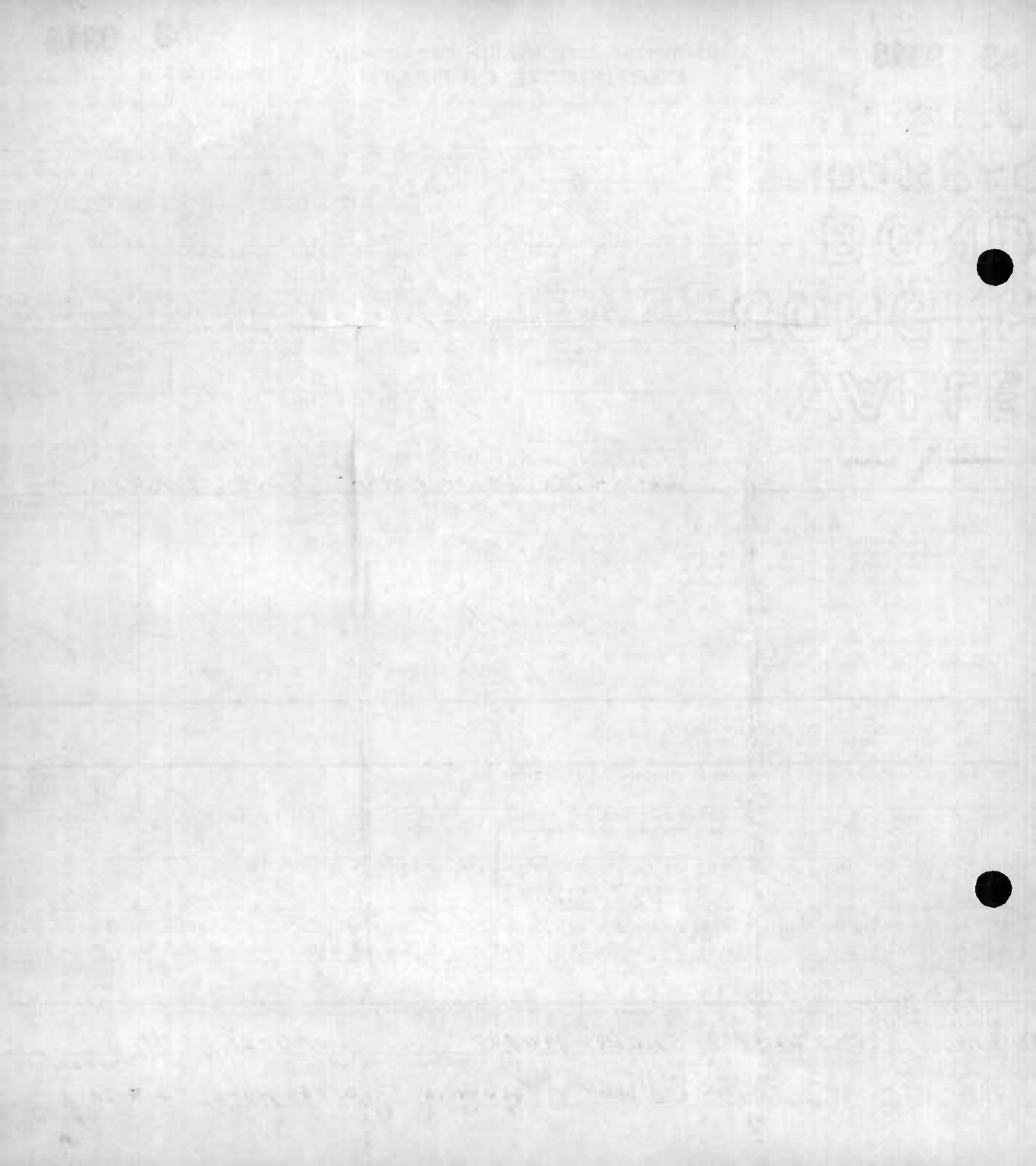
MURPHY FUNERAL HOME

ADDRESS

2112 DUNDALK

OCT 21 1953

VS 150

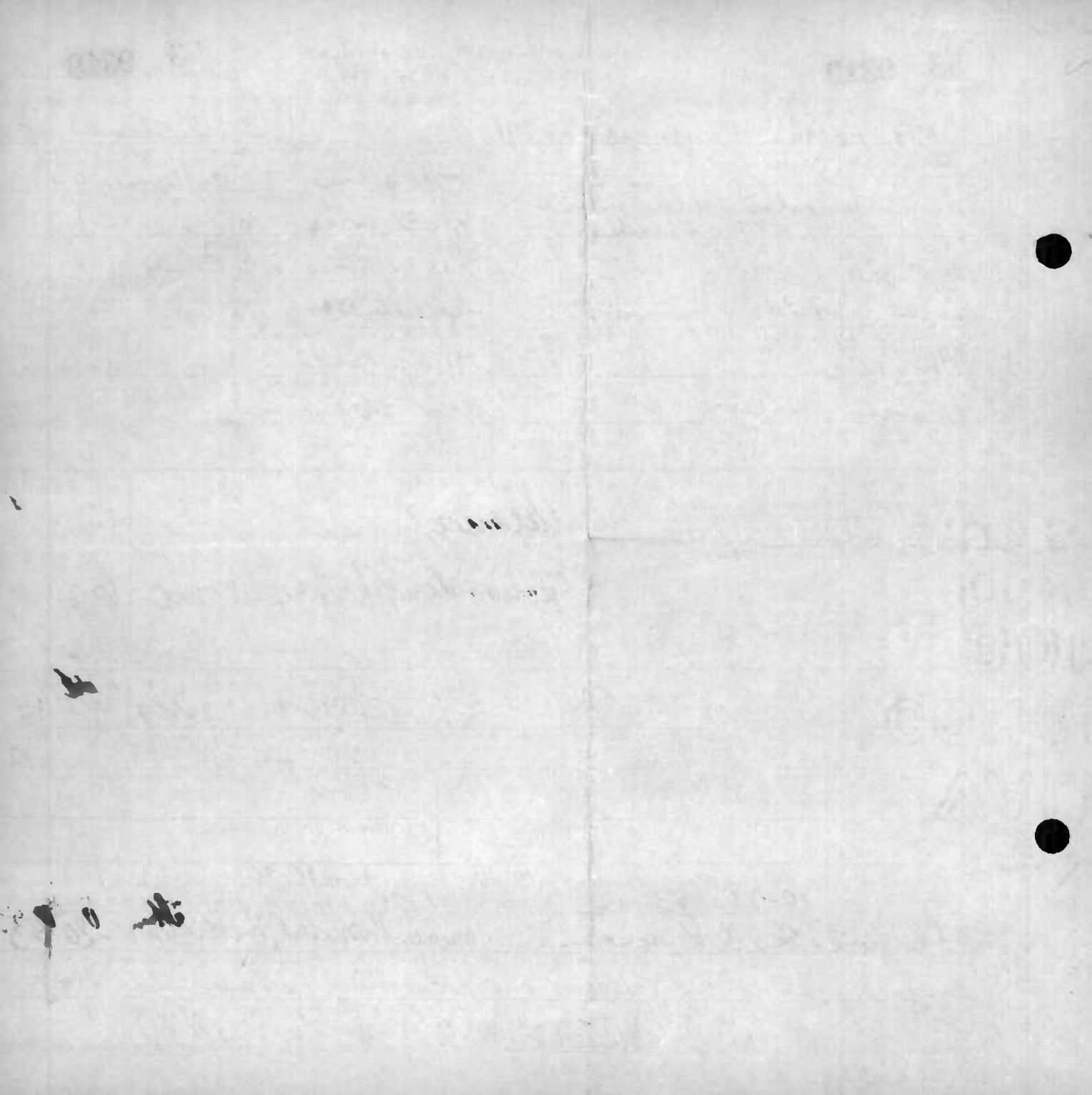




C-640  
53 9319BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9319  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>Mrs. Adele Eugene Carroll</b>		2. DATE OF DEATH <b>October 20, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore Co</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hospital For the Women of Maryland</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore - 10 12-01</b>			
c. Length of stay in Baltimore 9 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>100 W. University Pkwy</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 16, 1888</b>	9. AGE (In years last birthday) <b>65</b>	10. Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>Owen Daly</b>		14. MOTHER'S MAIDEN NAME <b>Ann Hellman</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. America</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chemia</b>		CAUSE OF DEATH <b>Chemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Glomerulonephritis chronic</b>		<b>6 months</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>chronic rheumatoid arthritis</b>		<b>many years</b>	
19A. DATE OF OPERATION <b>10-14</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-14</b> , 19 <b>53</b> , to <b>10-20</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-20</b> , 19 <b>53</b> and that death occurred at <b>1 p. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Lilgerle Karl Reimer</b>		23B. ADDRESS <b>Women's Hospital, Baltimore</b>		23C. DATE SIGNED <b>10-20-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct 22, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Rock Creek Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Washington D C</b>		25. FUNERAL DIRECTOR <b>William H. Hearn</b>		ADDRESS <b>805 N. Calvert St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>Oct 21 1953</b>		REGISTRAR'S SIGNATURE <b>William H. Hearn</b>			

OCT 21 1953



2-246

53 9320

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9320

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Helen G. Fosler

2. DATE  
OF  
DEATH Oct. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX f. 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) marroed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

none

13. FATHER'S NAME

John Heimbuch (died)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY  
Baltimore, Maryland.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 9-03D. STREET ADDRESS (If rural, give location)  
824 East 33rd St, Baltimore 18, Maryland.

8. DATE OF BIRTH

Aug. 31, 1896

9. AGE (in years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

American

14. MOTHER'S MAIDEN NAME

Denah Dirschner (D)

17. INFIRMITY ADDRESS  
MRS. Helen Fink  
824 East 33rd St. Baltimore 18, Md.

18. 154X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pan-peritonitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of rectum, sigmoid colon.

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

Oct 14, and Oct 18, 1953. Carcinoma of rectum, sigmoid colon, extensive.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1953, to Oct 20, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 0645 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

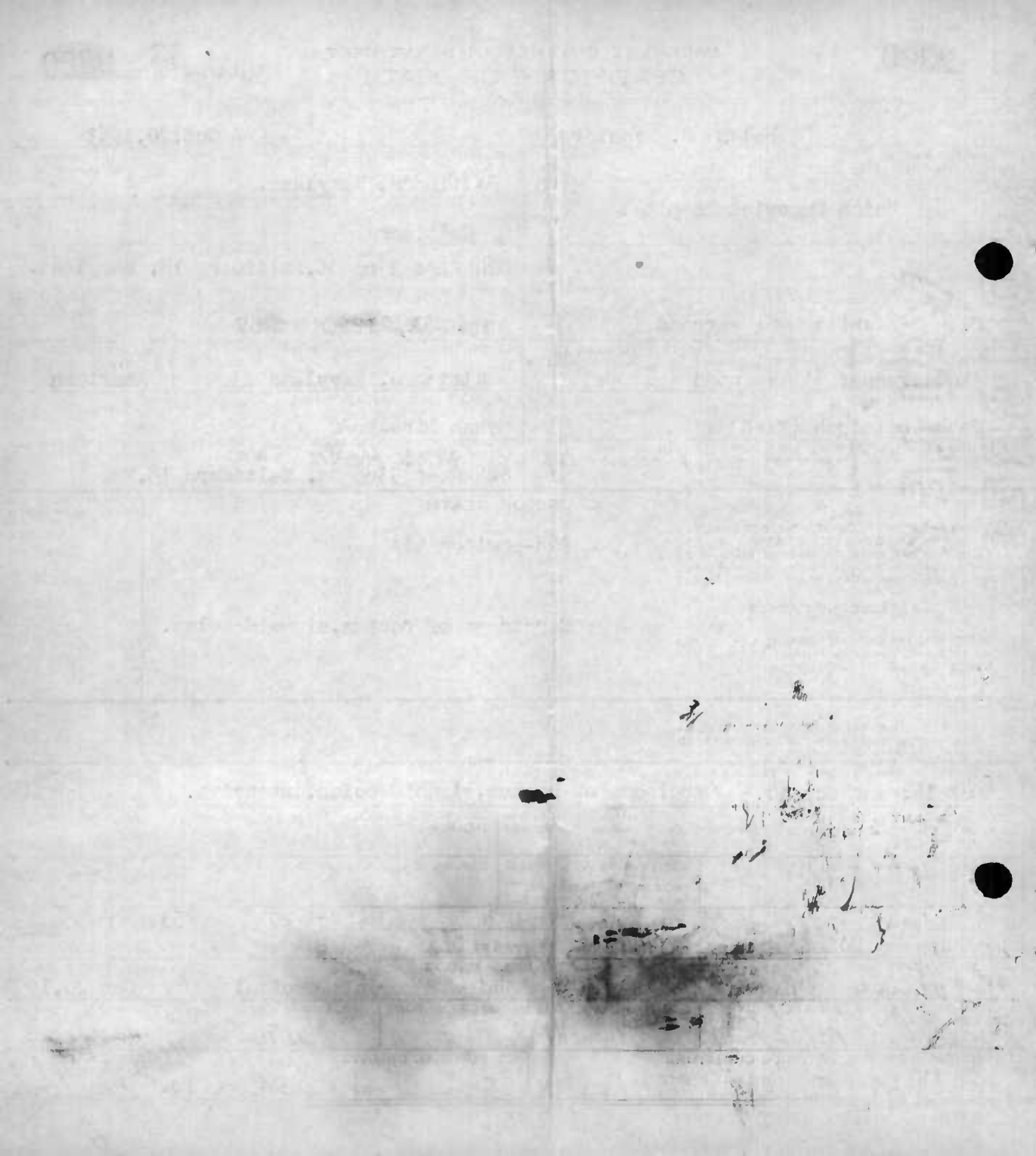
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1953

VS 150



M-265

3 9321

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9321

BIRTH NO.

Masseron

1. NAME OF DECEASED  
(Type or Print)

Masseron Joseph MARTIN

2. DATE  
OF  
DEATH

10/20-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 13, 1913

9. AGE (In years  
last birthday)

40

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR  
INDUSTRY

Western Electric

13. FATHER'S NAME

Eugene J. Masseron

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna White

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothea Masseron - SAME

18. 237X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

Brain Tumor

DUE TO

(B)

Cerebral Thrombosis

DUE TO

(C)

Lobar pneumonia

Rheumatic heart disease

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 1953, to 10-20, 1953 that I last saw the  
deceased alive on 10-20, 1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Schimmel

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

10-20-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1953

VS 150

Huntington Williams

Edward J. Luck

5305 Bayford

390314

1980

10

1980





53

9322

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9322

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary H. Jennings</i>		2. DATE OF DEATH <i>October 19, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1327 N. Caroline St.</i>		C. CITY OR TOWN (If outside corporation, write R.U.R. and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) <i>1327 N. Caroline St.</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 6, 1890</i>	9. AGE (in years last birthday) <i>63 yrs.</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Martha Jane</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Bena Torain 5704 Cardin St.</i>	
18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH  (A) <i>Carcinoma of head</i> DUE TO (B) <i>of Pancreas</i> <i>Metastasis to liver.</i> DUE TO (C) <i>Secondary Anemia</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 30, 1953</i> to <i>Oct. 19, 1953</i> , that I last saw the deceased alive on <i>Oct. 18, 1953</i> , and that death occurred at <i>1 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>F. K. Adams</i>		23B. ADDRESS <i>1224 N. Caroline St.</i>		23C. DATE SIGNED <i>10-20-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 23/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>		24F. LOCATION (City, town, or county) (State) <i>md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Mrs. Kobb &amp; Elliott &amp; Sont.</i> <i>1129 N. Caroline St.</i>	

SEP 23

SEP 23



A-255

9323

A-25

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9323

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRESSER

10B. KIND OF BUSINESS OR INDUSTRY

TAILORING

13. FATHER'S NAME

TADIVS ASZMANOWIEZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

216-05-0307A

2. DATE OF DEATH

10/19/53

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1621 DESOTA RD.

8. DATE OF BIRTH

JAN-12-1893

9. AGE (In years last birthday)

80

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

ONA TAMASAVSKITE

17. INFORMANT

A JUSTIN T. ASHMAN. 1621 DESOTA RD.

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to Oct 19, 1953, that I last saw the deceased alive on Oct 19, 1953 and that death occurred at 12:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

OCT. 22/53

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

OLD FREDRICK RD.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

CHARLES W. KACHAUSKAS

ADDRESS

703 McHENRY ST



E 235

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9324  
Registered No.9324  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>JAMES B. EASTMAN</b>			2. DATE OF DEATH <b>10/20/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>DISTRICT OF COLUMBIA</b> B. COUNTY <b>V-48</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, BALTO. 18, MARYLAND</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>WASHINGTON</b>		
6. Length of stay in Baltimore <b>SINCE 1/5/53</b>			D. STREET ADDRESS (If rural, give location) <b>2900 Connecticut Avenue, N. W.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11/24/90</b>	9. AGE (In years last birthday) <b>62</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DENTIST</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>MEDICAL PROFESSION</b>		11. BIRTHPLACE (State or foreign country) <b>WINCHESTER, INDIANA</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>CHARLES W. EASTMAN</b>		
14. MOTHER'S MAIDEN NAME <b>IDA NEVIUS</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>YES 3/13/44 - 5/27/46</b>		
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>			17. INFORMANT ADDRESS <b>VA HOSPITAL RECORDS, VAH BALTO 18, MD.</b>		
18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ACUTE COR PULMONALE</b> DUE TO <b>PULMONARY EMPHYSEMA &amp; PULMONARY TUBERCULOSIS</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>UNKNOWN</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 DAYS</b> <b>UNKNOWN</b>		
19A. DATE OF OPERATION <b>7</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. HOW DID INJURY OCCUR?		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that <b>X</b> attended the deceased from <b>1/5/53</b> , 19 <b>53</b> , to <b>10/20/53</b> , and that death occurred at <b>3:30 pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>BRUCE W. ARMSTRONG</b>			23B. ADDRESS <b>VAH. BALTO. 18, MARYLAND</b>		
23C. DATE SIGNED <b>10/21/53</b>					
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <b>Removal</b>			24B. DATE <b>10/21/53</b>		
24C. NAME OF CEMETERY OR CREMATORY <b>Arlington Cem, Arlington Va.</b>			24D. LOCATION (City, town, or county) (State) <b>VA</b>		
25. FUNERAL DIRECTOR <b>W. Frank Shires, Wash, DC</b>			ADDRESS		

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CERTIFICATE OF DEATH

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M-215

9325

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9325

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George P. MAKIBBIN

2. DATE  
OF DEATH

10-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Bait. EENT Hosp.

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Baltimore EENT Hospital

5. Length of stay in Baltimore

6. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Chauffeur

10. KIND OF BUSINESS OR INDUSTRY

Oil Company

9. FATHER'S NAME

THOMAS A. MAKIBBIN

11. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY Baito

C. CITY OR TOWN (If outside corporate limits, write rural, and give township) Baltimore, Md. 12-04

D. STREET ADDRESS (If rural, give location)

1923 St. Paul St.

8. DATE OF BIRTH

8-23-91

9. AGE (In years last birthday)

62

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

ALLIE P. FOUNTAIN

17. INFORMANT

HOSP. RECORD.

ADDRESS

18. 161X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ASPHYXIA.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastatic carcinoma

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Carcinoma of larynx.

INTERVAL BETWEEN ONSET AND DEATH

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19-1953 to 10-21-1953 that I last saw the deceased alive on 10-21-1953, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Rowan

23B. ADDRESS

1214 Cutaw Pl.

23C. DATE SIGNED

10-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/24/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baito., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1953

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Baito. 17, Md.

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CERTIFICATE OF DEATH

1000



D-122

53 9326

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9326

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Maryanna Kopkowski

2. DATE  
OF  
DEATH

Oct. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

3440 Lenox Ave.

C. CITY OR TOWN (If outside corporate limits, write U.S. and give township)

Baltimore 26-08

C. Length of stay in Baltimore

60

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3440 Lenox Ave.

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 26, 1886 67

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

?

13. FATHER'S NAME

Andrew Baldys

14. MOTHER'S MAIDEN NAME

Sophie Agzytniak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frances Staniewski

18. 422.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Art. S. S. C. V. disease  
Coronary Arteriosclerosis

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1953, to 10/19, 1953, that I last saw the deceased alive on 10/16, 1953, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James H. Goodman M. D.

23B. ADDRESS

3400 E. Balto St

23C. DATE SIGNED

10/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Dundalk Ave.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington's Religious

25. FUNERAL DIRECTOR

ADDRESS

John J. Ruda, Inc. 3839 Federal

Balto., 24, Md.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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NAME OF DECEASED \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_  
RACE \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9327**

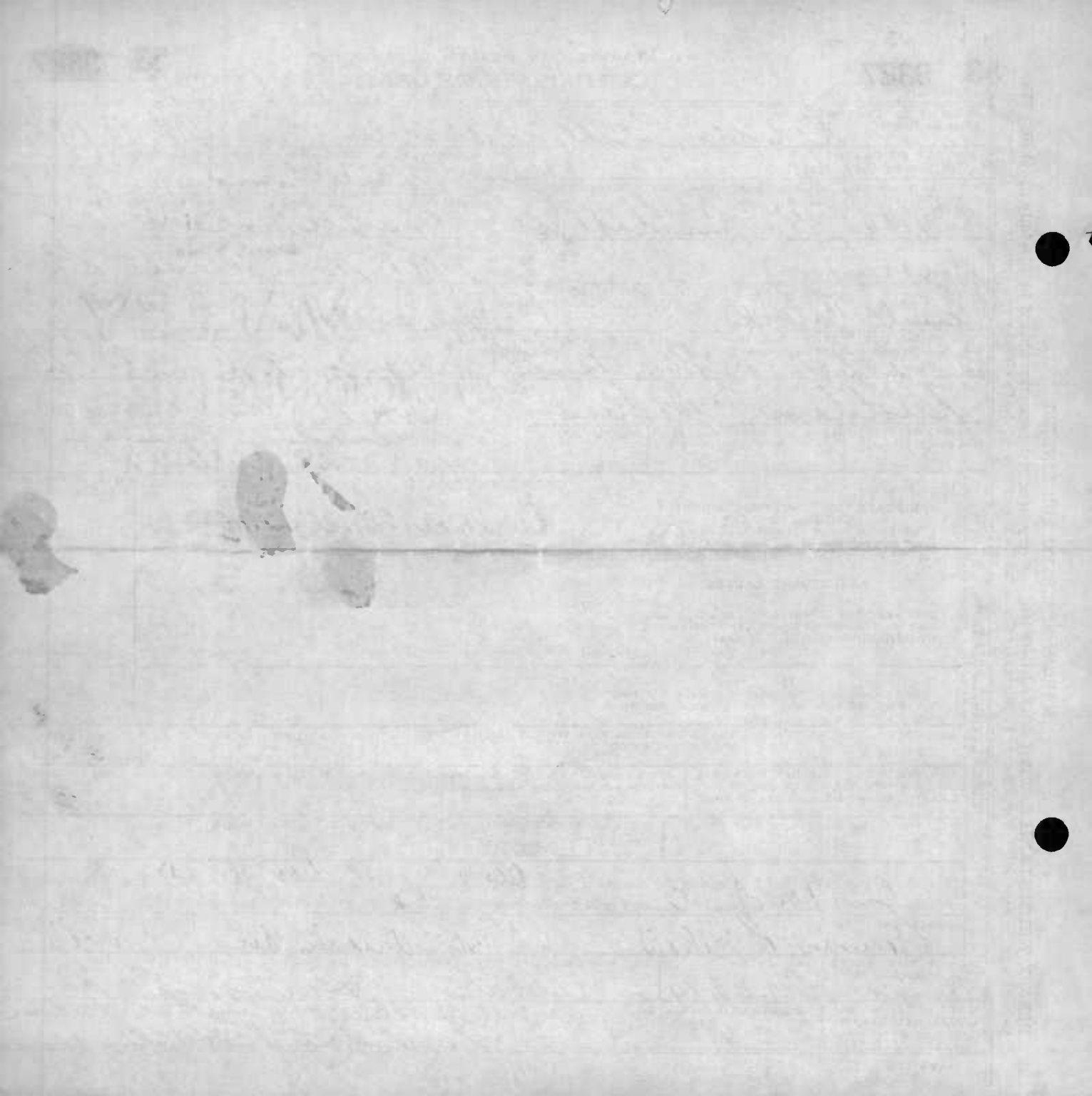
J-655

53 9327

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Kellie Belle Jarman</i>		2. DATE OF DEATH <i>Oct. 18, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1401 W. Cullum St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1418 W. Cullum St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 25, 1908</i>	9. AGE (In years, last birthday) <i>45</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Part. family</i>	11. BIRTHPLACE (State or foreign country) <i>Jones Co. N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Redham Foster</i>		14. MOTHER'S MAIDEN NAME <i>Cora Hill</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Two Informants</i>			

18. <i>444X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Essential Hypertension</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct 1</i> , 19 <i>53</i> , to <i>Oct 18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Oct 17</i> , 19 <i>53</i> , and that death occurred at <i>11 A.</i> m., from the causes and on the date stated above.							
23A. SIGNATURE <i>Emmanuel R. Johnson</i>				23B. ADDRESS <i>1207 Duane Ave</i>		23C. DATE SIGNED <i>10/20/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 22, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 21 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston J. Williams</i>		25. FUNERAL DIRECTOR <i>Funeral Home</i>			





F-250  
53 9328BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9328  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HUGH L. FAGAN

2. DATE  
OF DEATH October 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

South Balto. Hosp.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Orderly10B. KIND OF BUSINESS OR INDUSTRY  
Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

206 E. Cross St.

8. DATE OF BIRTH October 24, 1882

9. AGE (In years last birthday) 70

11 Under 1 Year Months: Days: 12 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Fagan

14. MOTHER'S MAIDEN NAME

Anna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
Yes, no or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Henry F. Herbert 701 Pontiac Ave.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Oct 19, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE

10/22/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1953 Huntington W. B. Denny, Inc. 715 Light St.

730876



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9329  
Registered No.

BIRTH NO. 53-24082

1. NAME OF DECEASED (Type or Print) <b>Baby Boy Hughes</b>			2. DATE OF DEATH <b>Oct 4, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Prim. Nur.</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>1216 Deukeland Ave</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Oct 4, 1953</b>	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Joseph Hughes</b>			14. MOTHER'S MAIDEN NAME <b>Nellie</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		

18. <b>776x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pneumonia</b>				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO				(A)			
ANTECEDENT CAUSES				(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO			
				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/4</b> , 19 <b>53</b> , to <b>10/4</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/4</b> , 19 <b>53</b> , and that death occurred at <b>9.00 P.M.</b> , from the causes and on the date stated above.							
23A. SIGNATURE <b>Paul M. Taylor</b>				23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>10-7-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 21 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>		25. FUNERAL DIRECTOR <b>9 5 2 7</b>		ADDRESS	



M-680  
MAF-175649

53 9330

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9330

BIRTH NO. 53-26950

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Moore

2. DATE  
OF  
DEATH

Oct. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2 N. Bentalou St.

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 12, 1953

9. AGE (In years  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 hours  
Hours: Min.  
2210A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Leroy Moore

14. MOTHER'S MAIDEN NAME

Anne Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 760.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Asphyxia Interacranial Hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12, 1953 to 10-12, 1953, that I last saw the deceased alive on 10-12, 1953, and that death occurred at 9:20p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

10-12-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremated

24B. DATE

10-14-1953

24C. NAME OF CEMETERY OR CREMATORY

Disposal  
Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

9320

OCT 21 1953  
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Si-OH

— — —



B-650

53 9331

BIRTH NO.

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 53 9331

1. NAME OF DECEASED  
(Type or Print)

Infant of Bernadette Brown

(602145)

2. DATE  
OF  
DEATH

October 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2809 Winchester Street - 16

C. Length of stay in Baltimore

Infant

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

October 6, 1953

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Little

14. MOTHER'S MAIDEN NAME

Bernadette Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 762.5

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cenosis*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) *Pulmonary atelectasis*(C) *Immaturity*

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 6, 1953, to October 6, 1953 that I last saw the deceased alive on October 6, 1953, and that death occurred at 7.55 Pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

10/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Hop Beporal

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 21 1953



B-400

53 9332

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9332  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emily B. Bailey

2. DATE  
OF  
DEATH

Oct 21, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

1802 Antietam St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Park Hill Nursing Home

c. CITY OR TOWN

If outside corporate limits, write RURAL, and give township)

Baltimore 11-01

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

d. STREET ADDRESS (If rural, give location)

1025 St. Paul St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

James Bailey

Martha P. Wood

Mr James Bailey 1430 Park Ave

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Acute Congestive Failure  
myocarditis  
Arterio-sclerosis2-3 days  
Erosual  
L

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from July 1926 to Oct 21, 1953 that I last saw the  
deceased alive on Oct 20, 1953, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D. 1403 Park Ave

Oct 21-53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

Oct 22, 1953

Greenmount

Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1953

Huntington Williams

Fleming B. Jones 5005 Park Heights Ave.

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Wm. H. Thompson

42

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53 9333

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9333

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Conrad Raymond Helweick</b>		2. DATE OF DEATH <b>Oct. 19/53</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>2341 Lauretta Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-02</b>	
c. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>2341 Lauretta Ave.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 1, 1890</b>
9. AGE (In years last birthday) <b>63</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME <b>Charles L. Helweick</b>	
14. MOTHER'S MAIDEN NAME <b>Florence----</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <b>416 10 4879</b>		17. INFORMANT <b>Mrs. Madeline Helweick</b>	
18. <b>592x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Prostatitis</b>		19. CAUSE OF DEATH (A) <b>Chronic Prostatitis</b> (B) <b>Chronic Prostatitis</b> (C) <b>Chronic Prostatitis</b>	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arterio Sclerosis</b> <b>Hypertension of fat.</b>		21. INTERVAL BETWEEN ONSET AND DEATH <b>12 mo</b> <b>5 yrs</b> <b>5 yrs</b> <b>5 yrs</b>	
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		23. DATE OF OPERATION <b>0</b>	
24. MAJOR FINDINGS OF OPERATION _____		25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
26. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
29. TIME (Month) (Day) (Year) (Hour) INJURY _____	30. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	31. HOW DID INJURY OCCUR? _____	
32. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
33. SIGNATURE <b>Geo. E. Wells</b>		34. ADDRESS <b>4101 Edmondson Ave</b>	
35. DATE SIGNED <b>10/20/53</b>		36. DATE RECEIVED BY LOCAL REGISTRAR <b>Oct. 22/53</b>	
37. REGISTRAR'S SIGNATURE <b>Huntington Wilkerson</b>		38. FUNERAL DIRECTOR <b>Harry H. Lutzke</b>	
39. ADDRESS <b>4101 Edmondson Ave.</b>		40. ADDRESS <b>4101 Edmondson Ave.</b>	

MEDICAL CERTIFICATION

OCT 22 1953

773 93





M-600

53 9334

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9334  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Elizabeth A. Meyer

2. DATE  
OF  
DEATH

Oct. 19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

316 N. Hilton St

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

13. FATHER'S NAME

Nicholas Meyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Mary Renner

17. INFORMANT

ADDRESS

Mary E. Weidick, 316 N. Hilton

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardis -  
Vascular Disease

10 years

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1946 to Oct 1953, that I last saw the  
deceased alive on Oct 13, 1953 and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Morris W. Steinberg

23B. ADDRESS

410 N. Hilton St

23C. DATE SIGNED

Oct 20, 1953

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

Burial

24B. DATE

Oct. 22/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

Oct 22 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Harry H. Antyfe, 4101 Edmondson

ADDRESS

1933

1

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

1933

1

DATE OF DEATH  
1933

TIME OF DEATH  
1933

PLACE OF DEATH  
1933

CAUSE OF DEATH  
1933

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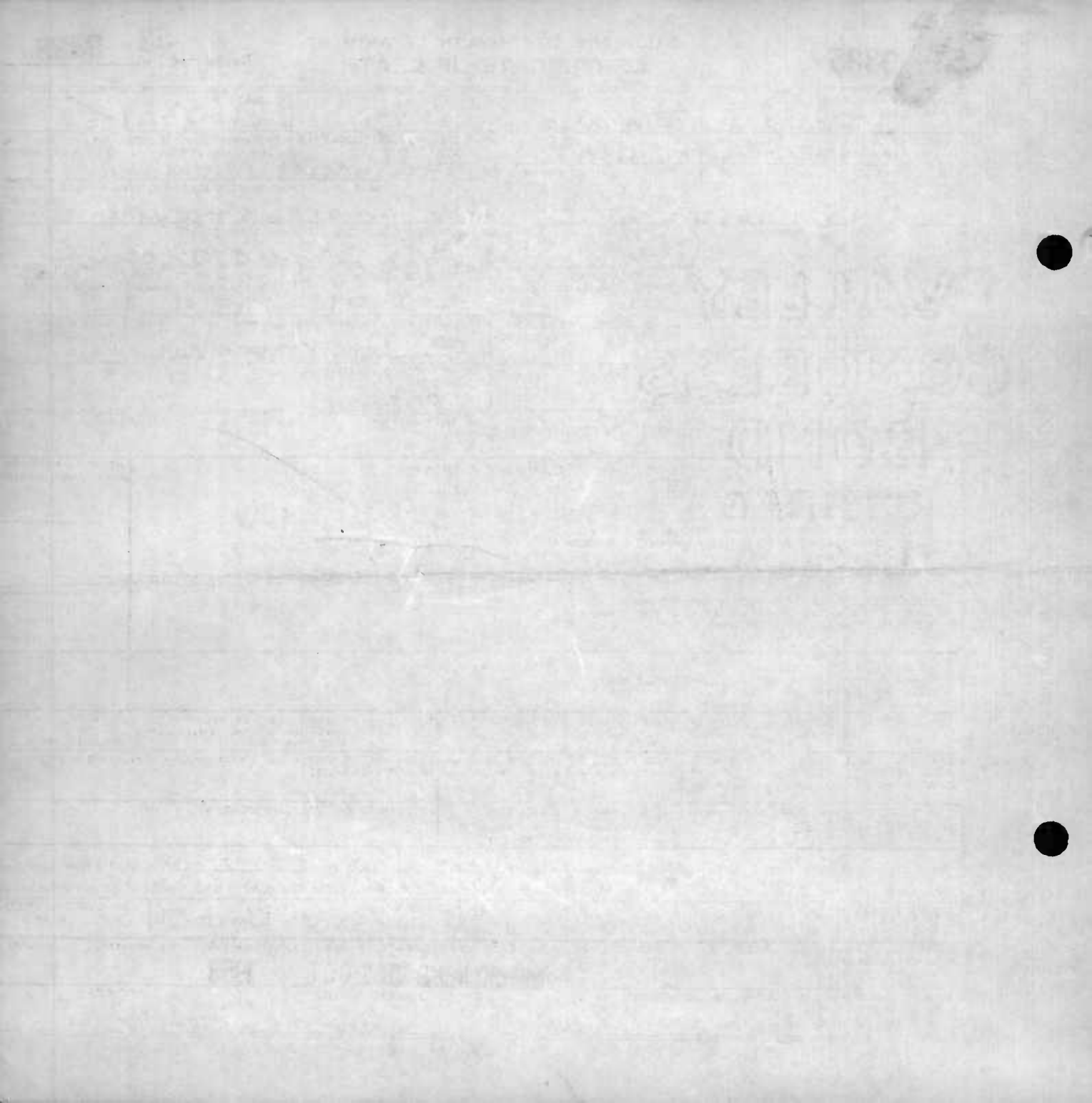
1933

1933

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9335  
Registered No. 53 933553 9335  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Pearl C. Jacob's</b>		2. DATE OF DEATH <b>9-21-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Provident</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Baltimore, Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1514 Division St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland</b>	
C. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>1315 Argyle Avenue</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Colored</b>	7. <input checked="" type="checkbox"/> SINGLE, <input type="checkbox"/> MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <b>12-23-07</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>45</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <b>Balto, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Paul Jacobs</b>		14. MOTHER'S MAIDEN NAME <b>Mary</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <b>582X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hepatic Abscess</b> <b>Plastic Peritonitis</b> <b>Pulmonary embolism, etc.</b>		CAUSE OF DEATH <b>Hepatic Abscess</b> <b>Plastic Peritonitis</b> <b>Pulmonary embolism, etc.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>undet</b> " " "
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <b>due to</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <b>9-21-53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>8-17</b> , 19 <b>53</b> , to <b>9-21</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9-21</b> , 19 <b>53</b> , and that death occurred at <b>10:45 Am.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>William L. Farmer - M.D.</b>		23B. ADDRESS <b>Provident Hospital</b>		23C. DATE SIGNED <b>10-13-53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
OCT 22 1953		UNIVERSITY MEDICAL SCHOOL OCT 1953		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>
VS 150		7208A		



2-150

53 9336

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9336

1. NAME OF DECEASED  
(Type or Print)

BUELIA OR BAILA LEVIN

2. DATE  
OF  
DEATH

10/21/53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2533 Shirley Avenue

C. Length of stay in Baltimore

44 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Morris Israel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Louis Levin - 3601 Labyrinth Rd.

18. 231X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) acute cerebral hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Cerebral + cerebral arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

1 hr

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11 1953, to 10/21 1953, that I last saw the deceased alive on 10/21 1953, and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1953

VS 150

Burial 10/22/53. McCreary Hall Burial Home Baltimore, Md.  
Huntington W. L. Brown, Jr. 124 N. North Ave.

0132

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1950

Name of deceased		Date of birth		Sex	
Place of birth		Date of death		Time of death	
Cause of death		Place of death		Manner of death	
Occupation		Education		Marital status	
Religion		Race		Color	
Social class		Income		Assets	
Liabilities		Insurance		Other	

CERTIFICATE OF DEATH

Name of deceased		Date of birth		Sex	
Place of birth		Date of death		Time of death	
Cause of death		Place of death		Manner of death	
Occupation		Education		Marital status	
Religion		Race		Color	
Social class		Income		Assets	
Liabilities		Insurance		Other	

Name of deceased		Date of birth		Sex	
Place of birth		Date of death		Time of death	
Cause of death		Place of death		Manner of death	
Occupation		Education		Marital status	
Religion		Race		Color	
Social class		Income		Assets	
Liabilities		Insurance		Other	



53 9337

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9337  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES WESLEY CLAYTON

2. DATE  
OF  
DEATH

October 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1048 Lenew Way (LEREW WAY)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Dec. 2, 1935

9. AGE (In years  
last birthday)

17

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Saleman

10B. KIND OF BUSINESS OR  
INDUSTRY

Leon Levi

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James W. Clayton, Jr.

14. MOTHER'S MAIDEN NAME

Edna A. Beach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edna A. Clayton, 1048 Lerew Way

18. E971x

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cyanide poisoning

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Home21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?  
1048 Lerew Way21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Oct. 20, 1953 6:30 P.m.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK21F. HOW DID INJURY OCCUR?  
Ingestion of cyanide22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 21, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/24/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hills, Md. Wm. Cook, Inc., 1217 St. Paul Street

25. FUNERAL DIRECTOR

ADDRESS

VS 151

js N-979.0

4906C

1938 37

1938 37

1938 37

AB-174696

53 9338

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9338  
Registered No.

BIRTH NO.

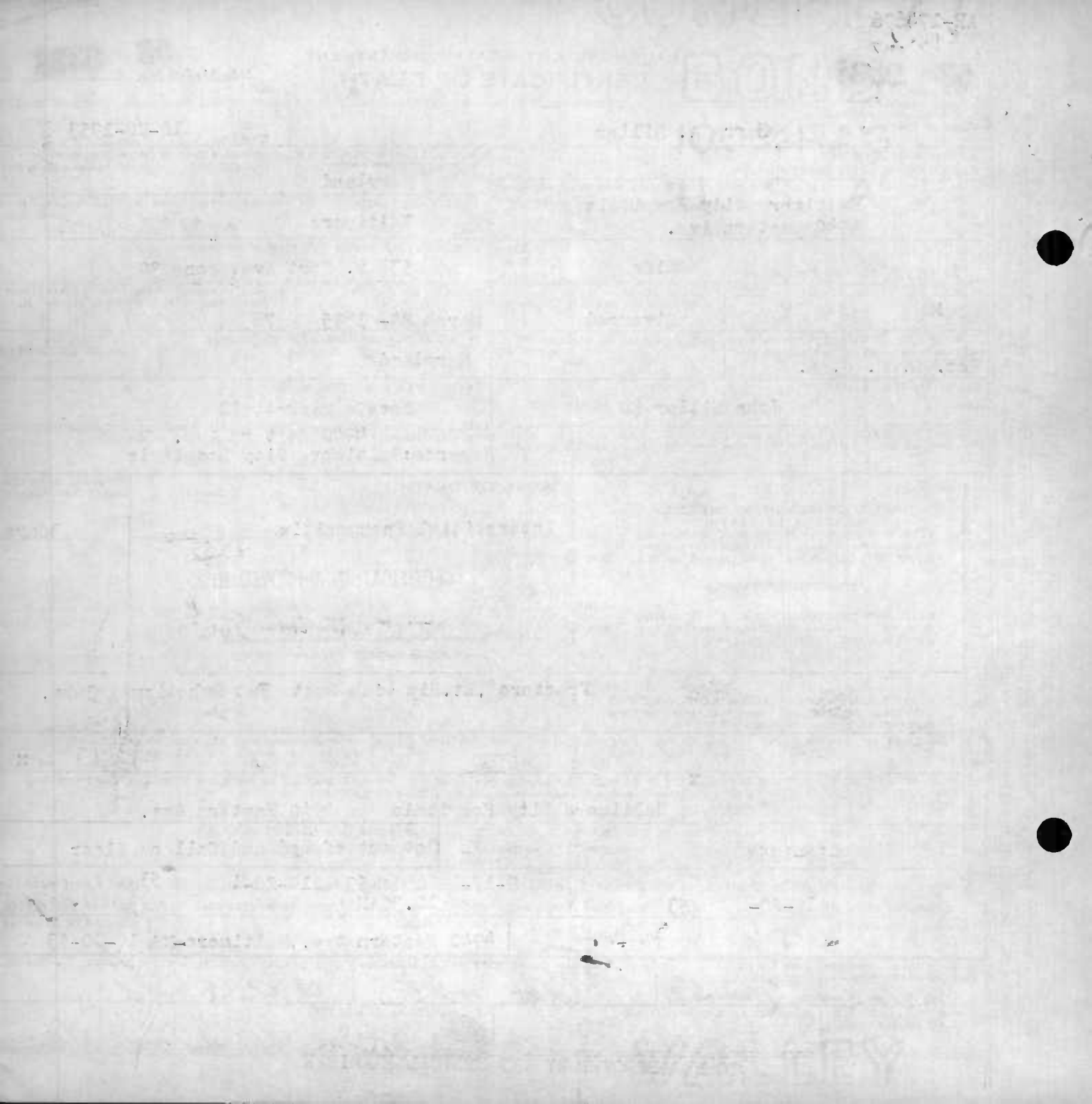
1. NAME OF DECEASED (Type or Print) <b>Harry A. Miller</b>			2. DATE OF DEATH <b>10-20-1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baltimore City Hospitals</b> <b>4940 Eastern Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>24-02</b>		
c. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>532 E. Fort Ave. zone 30</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>March 24- 1875</b>		9. AGE (In years last birthday) <b>78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. S. P. C. A.</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>John Miller (D)</b>			14. MOTHER'S MAIDEN NAME <b>Bessie Hackett (D)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>4940 Eastern Ave. Address</b> <b>Records: Baltimore City Hospitals</b>		

18. <b>E903.7</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Interstitial Pneumonitis</b> DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			CERTIFICATION APPROVED BY <b>Joseph A. Jackson M.D.</b> CHIEF OR ASST. MEDICAL EXAMINER					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Fracture, Rt. Hip with Post Fat Embolism</b>						<b>3 wks.</b>		
19A. DATE OF OPERATION <b>9-18-1953</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Baltimore City Hospitals</b>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <b>4940 Eastern Ave.</b>		<b>26-12</b>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>9-18-1953</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Got out of bed and fell on floor</b>				
22. I hereby certify that I attended the deceased from <b>9-17-</b> , 19 <b>53</b> to <b>10-20-</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-20-</b> , 19 <b>53</b> , and that death occurred at <b>10.30AM</b> , from the causes and on the date stated above.								
23A. SIGNATURE <b>Joseph A. Jackson</b> M. D.			23B. ADDRESS <b>4940 Eastern Ave., Baltimore Md</b>			23C. DATE SIGNED <b>10-20-53</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/23/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>		24D. LOCATION (City, town, or county) (State) <b>A. A. Co. Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <b>H. J. Williams</b>		25. FUNERAL DIRECTOR <b>Wm. Baker Inc. 1217 St. Paul St.</b>		ADDRESS		

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

N820.0



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-174436  
53-200  
53 9339

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9339  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Katherine Lough			2. DATE OF DEATH 10-20-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02		
c. Length of stay in Baltimore 17yrs.			D. STREET ADDRESS (If rural, give location) 400 N. Milton Ave. zone 24		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-25-1910	9. AGE (In years last birthday) 43	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) W. Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Miller Awkins			14. MOTHER'S MAIDEN NAME Anna Thomas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Records: 4940 Eastern Ave. Baltimore City Hospitals		

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH  (A) Carcinoma of Cervix with Metastases DUE TO  (B) Thrombophlebitis-Rt. leg DUE TO  (C)	INTERVAL BETWEEN ONSET AND DEATH
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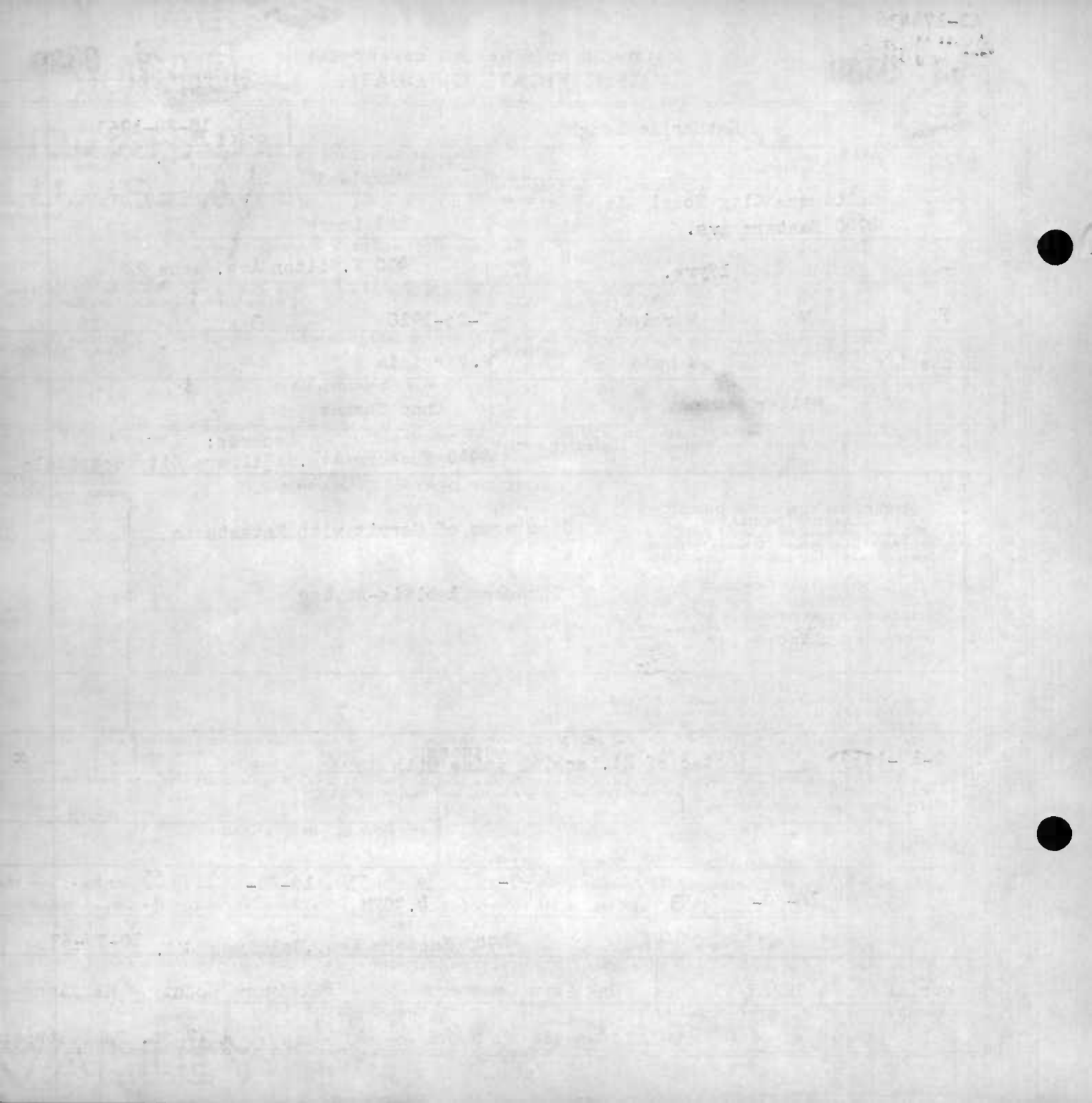
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-14-1953	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Osteo of Rt. ischial spine with abscess	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-9-1953, to 10-20-1953, that I last saw the deceased alive on 10-20-1953, and that death occurred at 4.30PM., from the causes and on the date stated above.

23A. SIGNATURE *42 John Doe* 23B. ADDRESS *4940 Eastern Ave. Baltimore Md.* 23C. DATE SIGNED *10-20-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 10/23/53	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore County, Maryland
---	-----------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR OCT 22 1953	REGISTRAR'S SIGNATURE <i>Thurston B. ...</i>	25. FUNERAL DIRECTOR <i>Wm. Book, Inc.</i>	ADDRESS 1217 St. Paul Street
---	---	---	---------------------------------





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9340  
Registered No. 53 9340

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Charles Copenspire

2. DATE  
OF  
DEATH

10/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-01

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1817 W. Mulberry St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 14, 1878

9. AGE (In years  
last birthday)

75

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. GARAGE SUPERVISOR BOND BAKING CO.

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Copenspire

14. MOTHER'S MAIDEN NAME

Catherine Craven

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Florence Woodward - Punxsutawney, Pa.

18. 199.8

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

E. coli bacteremia, probable  
secondary to abdominal mass  
probably enlarged kidney or cancer

11 days

ANTECEDENT CAUSES

DUE TO

(B)

Longstanding Heart failure

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(1) Pneumonitis bilateral  
(2) Probable Carcinoma of lungs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1953 to Oct. 21, 1953 that I last saw the  
deceased alive on Oct. 21, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. N. Glasman, Jr.

M.O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

10/21/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/23/53

24C. NAME OF CEMETERY OR

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams

25. FUNERAL DIRECTOR

ADDRESS

H. M. Cook, Inc., 1217 St. Paul St.

OCT 22 1953

VS 150

2

E-520  
53 9341BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9341  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ewing, Mr George A

2. DATE  
OF  
DEATH

October 20-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore - Ind-

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONName for Incurables 700 W. 40<sup>th</sup> St

C. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April-27-1871

9. AGE (in years  
last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Farm EQUIPMENT

10B. KIND OF BUSINESS OR  
INDUSTRY

SERVICE

13. FATHER'S NAME

John Ewing

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

214-20-6606A

17. INFORMANT

ADDRESS

Laura E. Fischer Home for Incurables Records

18. 443X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage -  
Left Hemiplegia

4 Days

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

Hypertension, Cardiac Vasculer  
Disease

5 years

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☒  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1950, to October 20, 1953, that I last saw the  
deceased alive on October 20, 1953, and that death occurred at 10:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. Draffton Hersberger

M. O.

23B. ADDRESS

214 Medical Art Bldg.

23C. DATE SIGNED

10/21/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-23-1953

24C. NAME OF CEMETERY OR CREMATORY

JESSOP

24D. LOCATION (City, town, or county)

LOCKEYSVILLE

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

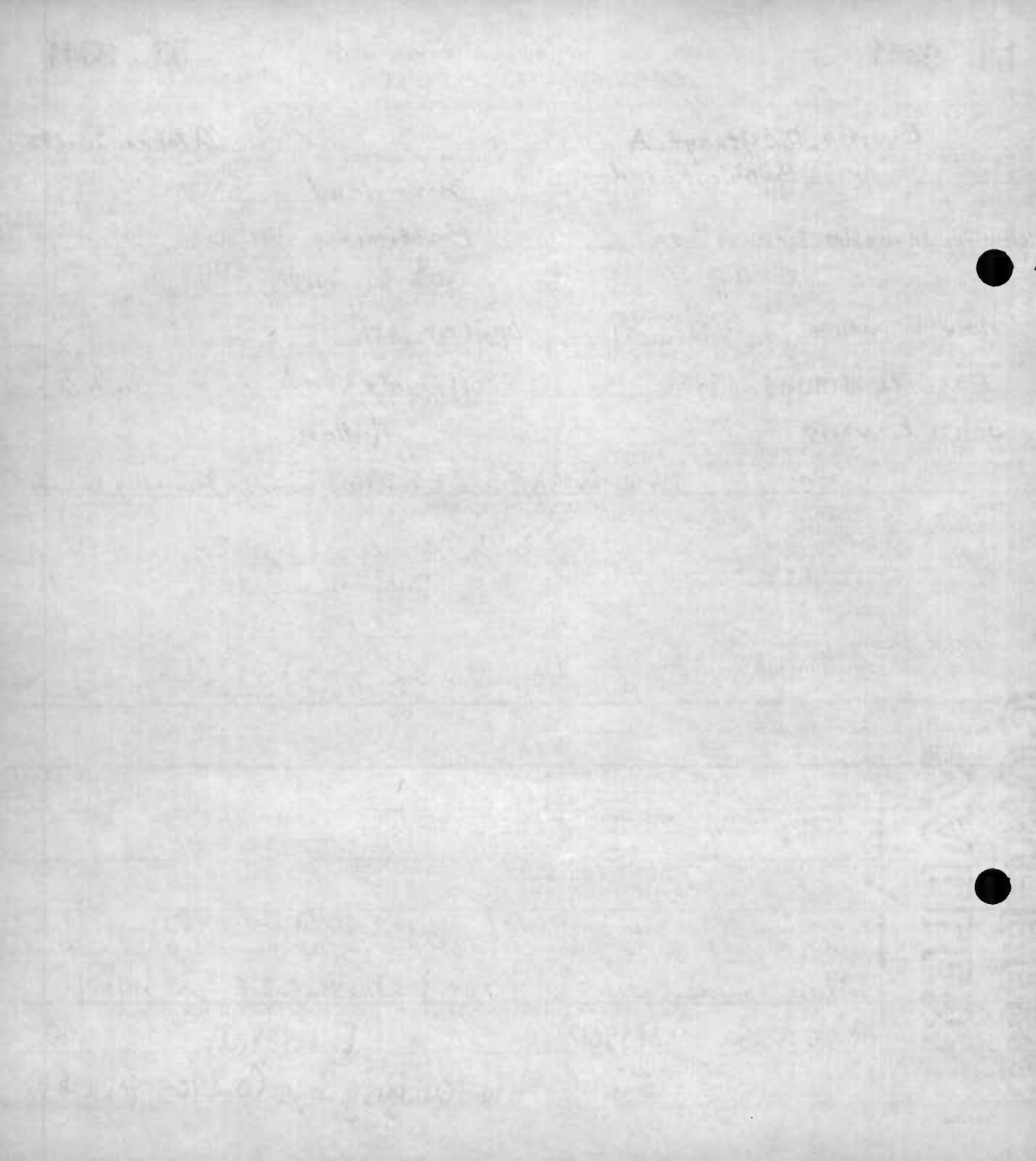
REGISTRAR'S SIGNATURE

Huntington W. H. H. H.

25. FUNERAL DIRECTOR

ADDRESS

H. W. JENKINS &amp; SONS Co. 4905 YORK RD.



AB-174737 G-600

53 9342

53 9342

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Hattie Gray

2. DATE  
OF  
DEATH

10-18-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTEBaltimore City Hospitals  
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

658 W. Saratoga St. zone 1

c. Length of stay in Baltimore

15yrs.

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

6. DATE OF BIRTH

Aug. 1878

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Belton Stevens

(Deceased)

14. MOTHER'S MAIDEN NAME

Frances

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.17. INFORMANT 4940 Eastern Ave.  
Records: Baltimore City Hospitals

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Thrombosis of cerebral artery, site  
undetermined

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18-1953 to 10-18-1953 that I last saw the  
deceased alive on 10-18-1953, and that death occurred at 4.45P m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

10-19-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem. Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

332X

MARGIN RESERVED FOR BINDING  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

• •

[illegible]



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9343

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

BESSIE OKENOINE

2. DATE  
OF  
DEATH

20 OCT 53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSPITAL

c. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

663 West Fayette St #1

c. Length of stay in Baltimore

13

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 8, 1897

9. AGE (In years  
last birthday)

56

10. Under 1 Year  
Months11. Under 24 Hours  
Hours12. Under 24 Hours  
Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Bonds

14. MOTHER'S MAIDEN NAME

Lizzie Sinder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

250 20 4633

17. INFORMANT

Daughter Allie Stockhouse

ADDRESS

same

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of cervical stump

DUE TO c metastases

INTERVAL BETWEEN  
ONSET AND DEATH

6 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

1-25-53

19b. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Release of constriction, ileum

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 OCT 1953, to 20 OCT 1953, that I last saw the deceased alive on 20 OCT 1953, and that death occurred at 20 OCT 1953, from the causes and on the date stated above.

23a. SIGNATURE

Edmund B. Middleton

23b. ADDRESS

University Hospital

23c. DATE SIGNED

Oct 20, 1953

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Oct. 24, 1953

24c. NAME OF CEMETERY OR CREMATORY

Arkus Memorial Arkus Plot

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams Schroeder

ADDRESS

322 N.

1880

1880

1880

1880

1880

1880



2-340

53 9344

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9344

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Oscar Little

2. DATE  
OF  
DEATH

Oct. 18, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1413 W. FRANKLIN ST

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Male

Col.

Single

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR  
INDUSTRY

Steel Plant

13. FATHER'S NAME

Edward Little

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE Md.

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1413 W. FRANKLIN ST

8. DATE OF BIRTH

May 12, 1896

9. AGE (In years  
last birthday)

57

11 Under 1 Year  
Months Days12 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Wadesboro N.C.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

17. INFORMANT

Lester McCullum

ADDRESS 1413 W.

18. 4222 I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1953 to 10/18, 1953 that I last saw the  
deceased alive on 10/18, 1953 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322 N



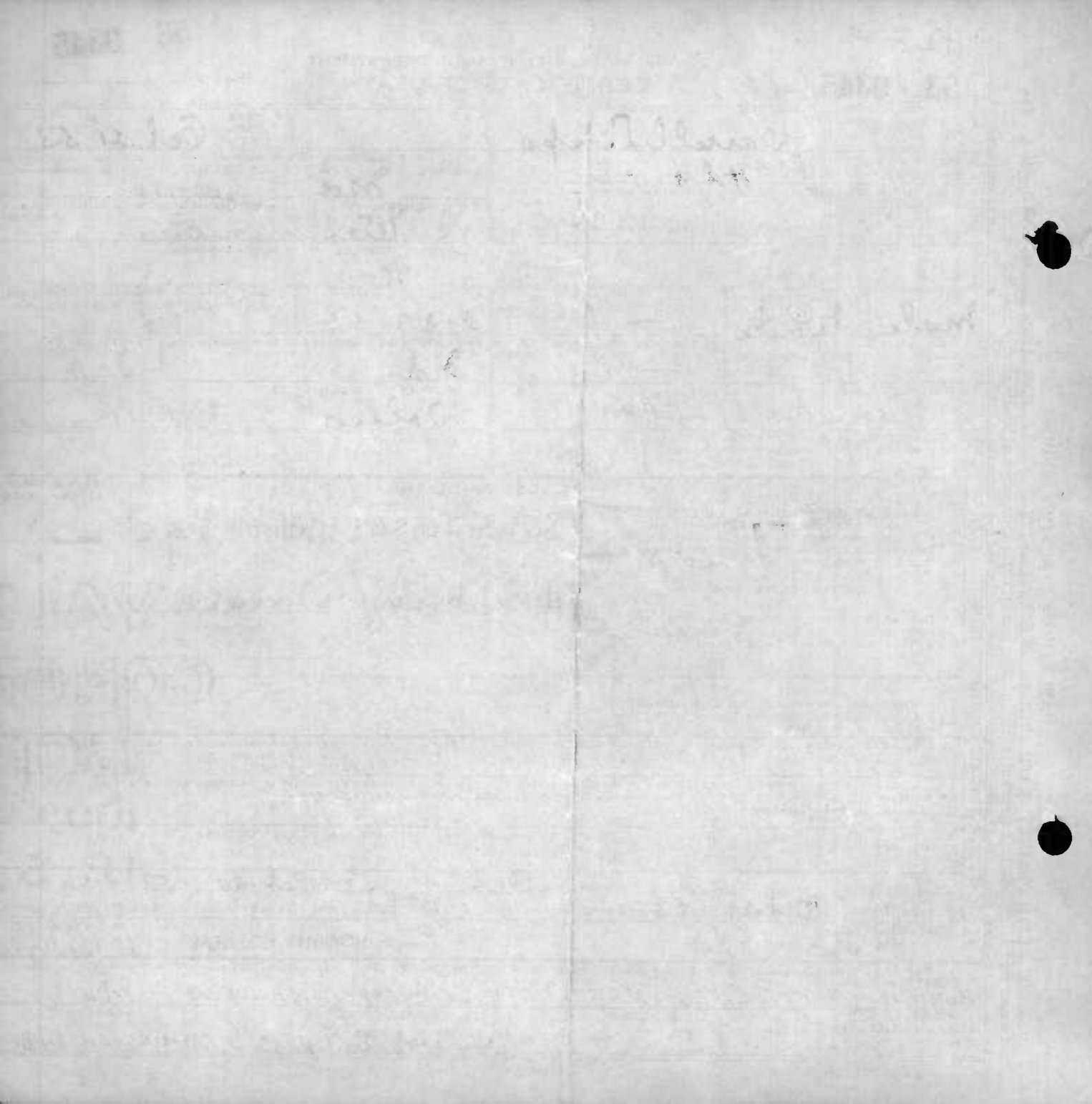
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. 53 9345 *Don't*

1. NAME OF DECEASED (Type or Print) <i>Harrell Leppo</i>			2. DATE OF DEATH <i>Oct. 21, 53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Room 4E</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>CARROLL</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>NR Westminster</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>R. 6</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH <i>8-27-53</i>		9. AGE (In years, last birthday) <i>8yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Ind.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>DARRELL L. LEPP</i>			14. MOTHER'S MAIDEN NAME <i>Wolliv? J. FRANCIS</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>756.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Submucosal Hemorrhage</i>		CAUSE OF DEATH <i>Hirschbrungs Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (B) <i>Hirschbrungs Disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <i>10/23/53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Oct. 14, 1953</i> to <i>Oct. 21, 1953</i> that I last saw the deceased alive on <i>Oct. 21, 1953</i> and that death occurred at <i>12:40 p.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>M. B. Byers</i>	M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>10/21/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>OCT. 23, 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>DEER PARK CEMETERY</i>	24D. LOCATION (City, town, or county) (State) <i>SMALLWOOD MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 22 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington W. Byers</i>	25. FUNERAL DIRECTOR ADDRESS <i>JOHN B. BYERS WESTMINSTER, MD.</i>		





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 9346**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DOZIER

CARTER

2. DATE OF DEATH  
**October 19, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE**Mercy Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**905 Hillen Street**

c. Length of stay in Baltimore

**30 years**5. SEX  
**Male**6. COLOR OR RACE  
**Colored**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
**Widower**

8. DATE OF BIRTH

**Nov. 6, 1892**

9. AGE (In years last birthday)

**60**10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Cook**

10B. KIND OF BUSINESS OR INDUSTRY

**Restaurant**

11. BIRTHPLACE (State or foreign country)

**Hattsville, S.C.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Benjamin Carter**

14. MOTHER'S MAIDEN NAME

**Serena Montgomery**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & Inquiry** thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

**William J. [Signature]**23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
**10-19-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Oct. 22, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Int. Auburn**

24D. LOCATION (City, town, or county)

**Baltimore, Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams**

25. FUNERAL DIRECTOR

**Funeral Home**

ADDRESS

**905 Hillen Street**

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REMARKS ON THE DEATH

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CERTIFICATE IN DEATH

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53 9347

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9347  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Raymond M. Wood

2. DATE  
OF  
DEATH

Oct 21 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4717 Alhambra Ave

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Life Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Refrigeration Eng Camp Holabird

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Sherman C. Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

215-03-4573

17. INFORMANT

ADDRESS

Harriett Wood 4714 Alhambra Ave

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TO

Coronary Thrombosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

Cardio-Vascular disease

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

Coronary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

1-2 hrs

?

4 hrs.  
ago

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June, 1953, to 21 Oct, 1953, that I last saw the  
deceased alive on 20 Oct, 1953, and that death occurred at 11:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Silverberg

23B. ADDRESS

714 E. Preston St

23C. DATE SIGNED

22 Oct 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 24 1953

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry J. Ormrod

ADDRESS

4204 Ridgewood Ave

2188 Purity

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9348

53 9348  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>SAMUEL SWINDER</b>				2. DATE OF DEATH <b>October 20, 1953</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Essey, 21</b>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>224 Back River Neck Road</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 24-1899</b>	9. AGE (In years last birthday) <b>54</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butler</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Butler farm</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>Peter Swinder</b>				14. MOTHER'S MAIDEN NAME <b>Victoria Malernicki</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT <b>Mary Swinder</b>		ADDRESS	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary occlusion</b> <del>XXXXX</del>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocardial infarct</b>				DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion, resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <i>William Whitely</i>				23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 21, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/24/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Samuel</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <i>Huntington E. Barber, M.D.</i>		25. FUNERAL DIRECTOR <i>Brady</i>		ADDRESS <b>1407 Eastern Ave</b>	

3340 87

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

8460 87

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY,  
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY,  
WASHINGTON, D. C.

SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a memorandum or report.]

[Illegible text continues]



BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William Ross Hornsby</i>		2. DATE OF DEATH <i>Oct. 21, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>20</i>		D. STREET ADDRESS (If rural, give location) <i>5310 Myron Oak Ave #728-02</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 5, 1893</i>	9. AGE (in years last birthday) <i>60 59</i>	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Agent, Railway Express, Inc.</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Alabama Talassee</i>
13. FATHER'S NAME <i>Joseph A. Hornsby</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes WW I</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Doris Hornsby</i>			ADDRESS <i>5310 Myron Oak Ave</i>		
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH (A) <i>Cerebro. vascular accident</i> DUE TO  (B) _____ DUE TO  (C) _____  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) _____  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 18</i> , 19 <i>53</i> , to <i>Oct. 21</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Oct. 21</i> , 19 <i>53</i> , and that death occurred at <i>11:10 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Valeriana B. Castillo</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>10/21/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/23/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arlington National</i>	
24D. LOCATION (City, town, or county) <i>Arlington, Va</i>		25. FUNERAL DIRECTOR <i>Elsworth Armacost</i> 4600 Liberty Hghts. Ave.			

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR  
OCT 22 1953  
VS 150

REGISTRAR'S SIGNATURE  
*Huntington Williams, M.D.*  
*380 50*

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M-260

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9350

53 9350  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

MAZOR, MR. RAYMOND

2. DATE  
OF  
DEATH

10/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Church Home &amp; Hospital

C. Length of stay in Baltimore

1

Yes.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR  
INDUSTRY

Agriculture

13. FATHER'S NAME

Margiea Mazon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Maryland, Baltimore

Kingsville

D. STREET ADDRESS (If rural, give location)

Jerusalem Rd. 5300

8. DATE OF BIRTH

Oct 1, 1886

9. AGE (In years  
last birthday)

67

H Under 1 Year

H Under 24 Hours

Months: Days

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ukraine

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Korista Parache

17. INFORMANT

ADDRESS

Church Home &amp; Hospital

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Anterograde Heart  
Disease

3 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

Anterograde, general

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK22. I hereby certify that I attended the deceased from 10/20, 1953, to 10/21, 1953, that I last saw the  
deceased alive on 10/21, 1953, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1953

Huntington, William

Duffel Bros

1800 E LOMBARD ST  
MD

1918

STATE OF NEW YORK

1918

Blank document with faint horizontal lines and two punch holes on the right side.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9351  
Registered No.

BIRTH NO. 53 9351		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 9351 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>WALTER J. LLOYD</b>			2. DATE OF DEATH <b>October 21, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1255 Carroll Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12/14/1919</b>	9. AGE (In years last birthday) <b>33</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		
13. FATHER'S NAME <b>Walter C. Lloyd</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>			12. CITIZEN OF WHAT COUNTRY?		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME <b>Marie Byrne</b>		
17. INFORMANT <b>Mrs. Marie Lloyd 4112 Balto. Ave.</b>			ADDRESS		
18. <b>E 981X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Gunshot wound of chest</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Massive intrathoracic hemorrhage</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>House</b>		
21C. WHERE DID INJURY OCCUR? <b>1418 Mt. Royal Terrace</b>			21D. TIME (Month) (Day) (Year) (Hour) <b>Oct. 21, 1953 4:00 A.M.</b>		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? <b>Shot in chest during altercation</b>		
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Walter J. Lloyd</i>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED <b>Oct. 21, 1953</b>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/23/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY CROSS</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MD.</b>		24E. ADDRESS <b>JOHN F. DENNY, INC. 715 Light St</b>			

1948 22

WATER TO BE USED

1948 22





C-650

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9352**BIRTH NO. **53 9352**

1. NAME OF DECEASED (Type or Print) <b>Edward F. Curran</b>		2. DATE OF DEATH <b>10-21-1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2739 E. Preston St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 8-03</b>	
C. Length of stay in Baltimore <b>Lifetime</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2739 E. Preston St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-28-1894</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Checker</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>59</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME <b>Frank M. Curran</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>110-12-7370</b>		14. MOTHER'S MAIDEN NAME <b>Catherine Cambell</b>	
17. INFORMANT ADDRESS <b>Ella Hudson 2739 E. Preston St.</b>			

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arterio-sclerotic Cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>approx 2 yr</b>
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-24-53</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>3 Mar 52</b> , 19__, to <b>21 Oct</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>20 Oct</b> , 19 <b>53</b> , and that death occurred at <b>9 A</b> m., from the causes and on the date stated above.				
23A. SIGNATURE <b>Howard Williams</b>		23B. ADDRESS <b>1513 N. Mt. Vernon Ave</b>		23C. DATE SIGNED <b>22 Oct 53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-24-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. LOCATION (State) <b>Md.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Chas. F. Evans &amp; Son</b>
VS 150		ADDRESS <b>118 E. Mt. Royal Ave.</b>		

39099

Dr. Goodman

1513 N. Milton Ave.





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9354

S-220  
53 9354

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louis SACHS

2. DATE  
OF  
DEATH

10-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

3701 Forest Park Ave

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

15-38

D. STREET ADDRESS (If rural, give location)

3701 Forest Park Ave

c. Length of stay in Baltimore

63

Yrs.

Mos.

Dys.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

85

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

N/A

10B. KIND OF BUSINESS OR  
INDUSTRY

Wash. Cloth

11. BIRTHPLACE (State or foreign country)

Lith.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Meyer

14. MOTHER'S MAIDEN NAME

Jeanette

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Leon Sachs - 3701 Forest Park Ave.

18. E903.0

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN  
ONSET AND DEATH

4 months

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Fracture Hips.

19A. DATE OF OPERATION

June 21/53

19B. CONDITION FOR WHICH OPERATION

WAS PERFORMED

Fracture Rt Hip

IF OPERATION WAS RELATED TO

CAUSE OF DEATH, ENTER IN

PART I OR PART II

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

3701 Forest Park Ave

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

6 21 1953 7A.M.

21E. INJURY OCCURRED

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

Slipped on floor

22. I hereby certify that I attended the deceased from 1944, 19, to 10/21, 1953, that I last saw the  
deceased alive on 10/21, 1953, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Muel B. Kwik

23B. ADDRESS

2320 Eutaw Ave

23C. DATE SIGNED

10/21/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/22/1953

24C. NAME OF CEMETERY OR CREMATORY

Windsor Hill Cfy.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Mey.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. L. Lewis Inc - 2100 Eutaw Ave.

ADDRESS

VS 150

N 820.0

1948-49

1948-49

1948-49

1948-49



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9355**BIRTH NO. **9355**1. NAME OF DECEASED  
(Type or Print)**JULIA N. SEWARD**2. DATE  
OF  
DEATH **Oct. 21, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Md.**B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE **Edgewood Nursing Home**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**2002 E. 31st St.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**female**

6. COLOR OR RACE

**white**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**widowed**

8. DATE OF BIRTH

**May 23, 1874**9. AGE (In years  
last birthday)**79**11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR  
INDUSTRY**at home**

11. BIRTHPLACE (State or foreign country)

**Maryland**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**-- Morgan**

14. MOTHER'S MAIDEN NAME

**Unknown**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL  
SECURITY NO.**no**17. INFORMANT ADDRESS  
**Mr. J. H. Seward-2002 E. 31st St.**18. **420.0 I**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

**Hypertensive arteriosclerotic  
heart disease****2 years**

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

**0**19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **22 April 1952** to **21 October 1953**, that I last saw the  
deceased alive on **15 Oct 1953**, and that death occurred at **6:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

**Burial****10/24/53****Denton Cem.****Denton, Md.**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**OCT 22 1953**

VS 150

**Huntington, Williams, Md.****Mr. J. J. Vickner & Sons****Balto 17, Md.**

0000 82

0000 82



W-234  
CERTIFICATE CORRECTED 10-28-53BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9356  
Registered No. 9356

BIRTH NO. 53 9356		1. NAME OF DECEASED (Type or Print) <b>CHARLES A. WISTLING</b>		2. DATE OF DEATH <b>Oct. 20, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>740 W. North Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write R.R. #, and give township) <b>Baltimore</b>		13-02	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>740 W. North Ave.</b>		Yrs. Mos. Days	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 14, 1887</b>	9. AGE (In years last birthday) <b>(67) 66</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>steamfitter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Heating</b>		11. BIRTHPLACE (State or foreign country) <b>Md.</b>	
13. FATHER'S NAME <b>Andrew Wistling</b>		14. MOTHER'S MAIDEN NAME <b>Mary Bullock</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>World War I</b>		17. INFORMANT ADDRESS <b>Mrs. Katherine L. Wistling-740 W. North</b>	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Antecedent Causes</b>		CAUSE OF DEATH (A) <b>Acute Cordine Failure</b> DUE TO <b>Cardiovascular Renal Disease</b> (B) <b>Chronic Asthma</b> DUE TO <b>Arthritis</b> (C)		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>5 yr</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6/9</b> 19 <b>42</b> , to <b>10/22</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/22</b> , 19 <b>53</b> , and that death occurred at <b>8:45 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Joseph L. Lankford</b>		23B. ADDRESS <b>675 Washington Blvd.</b>		23C. DATE SIGNED <b>10/22/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/23/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National Cem.</b>	
24D. LOCATION (City, town, or county) <b>Balto., Md.</b>		25. FUNERAL DIRECTOR <b>St. M. J. Pickner &amp; Sons</b>		ADDRESS <b>Balto. 17, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <b>H. Williams, M.D.</b>		VS 150 <b>574 24</b>	

23 0036

RECEIVED DIRECTOR

23 0036

WATTE  
CAMPBELL  
BOKID

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9357

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELMER E. HAMMOND

2. DATE  
OF  
DEATH

Oct. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE 1023 W. Barre St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1023 W. Barre St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 16, 1890

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Terminal Engineer

10B. KIND OF BUSINESS OR  
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Hammond

14. MOTHER'S MAIDEN NAME

Augusta Lange

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary F. Hammond-1023 W. Barre St.

18.

180X

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.INTERVAL BETWEEN  
ONSET AND DEATH

3 mo

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1953 to Oct 19, 1953 that I last saw the  
deceased alive on Oct 19, 1953, and that death occurred at 9P. M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/23/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5000

5000

VALLEY  
CAMPERS  
ROAD  
MONTANA  
U.S.A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

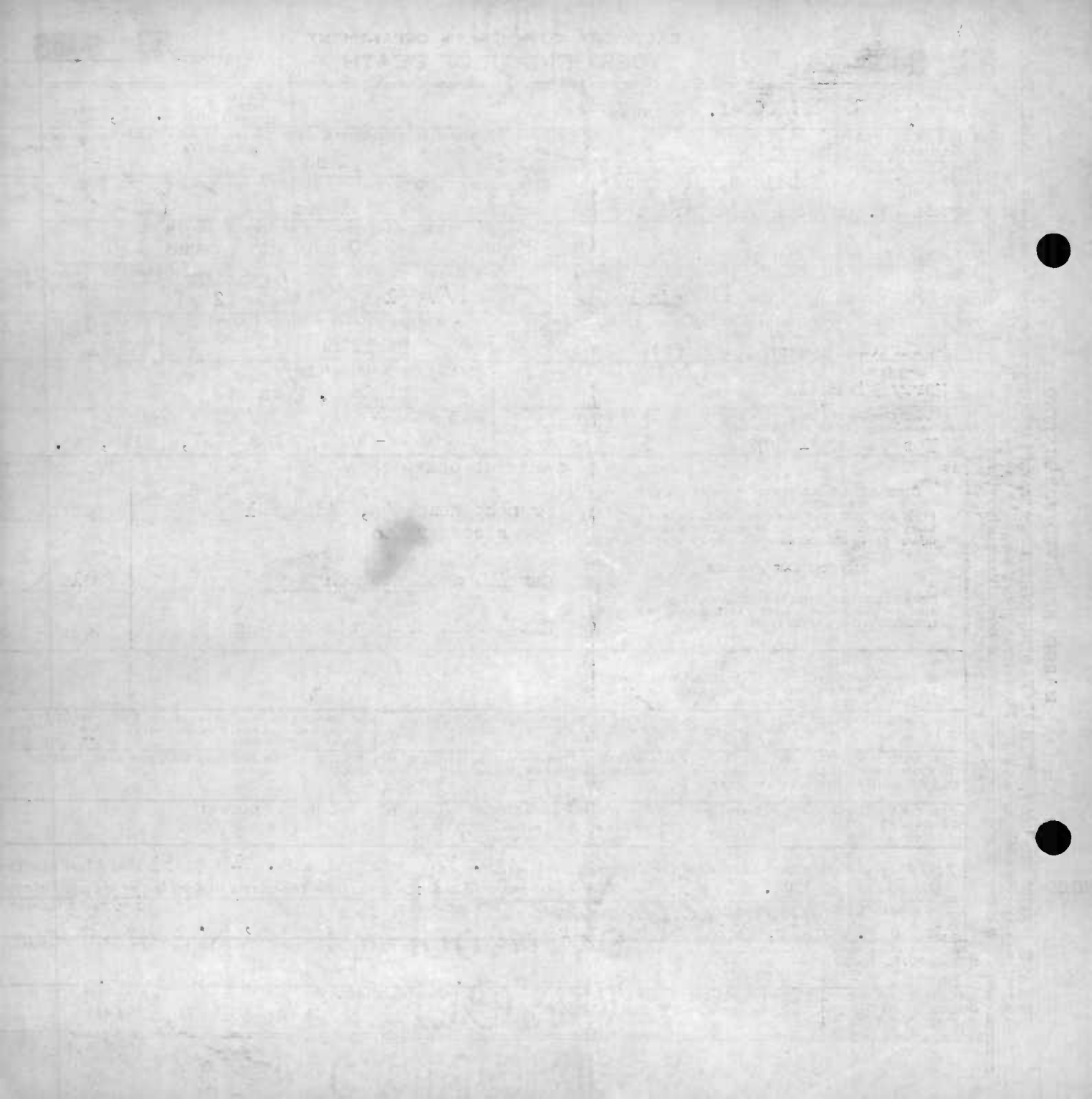
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 9358**

**M-324**  
**53 9358**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ELLWOOD L. MITCHELL</b>		2. DATE OF DEATH <b>Oct. 21, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st Street</b>		C. CITY OR TOWN <b>Baltimore</b>	
6. Length of stay in Baltimore <b>?</b>		D. STREET ADDRESS (If rural, give location) <b>5320 Bosworth Avenue</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>4/16/91</b>
9. AGE (In years last birthday) <b>62</b>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work log life, even if retired) <b>Retired salesman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>(?)</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Rev Harry Mitchell</b>		14. MOTHER'S MAIDEN NAME <b>Nellie G. Horn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes WWI- USN</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Records- US PHS Hospital, Balto, Md.</b>		ADDRESS	
1B. <b>151X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Bronchopneumonia, bilateral secondary to</b> DUE TO (B) <b>Carcinoma of stomach &amp;</b> DUE TO (C) <b>1st subdiaphragmatic abscess</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Recent</b>  <b>Old</b>  <b>Recent</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>?</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 30, 1953</b> , to <b>Oct. 21, 1953</b> , that I last saw the deceased alive on <b>Oct. 21, 1953</b> , and that death occurred at <b>6:30A m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>James A. Hunter</b> <b>James A. Hunter, clinical director M. D.</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	
23C. DATE SIGNED <b>10/21/53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/23/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <b>William M. Williams</b>	
VS 150		25. FUNERAL DIRECTOR <b>Wm. J. Pickner &amp; Sons</b> <b>Balto. 17. Md.</b>	

49094



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. 53 93599359  
9359

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLAUDINE

RICHARDSON

2. DATE  
OF DEATH October 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

M.D.

B. COUNTY

CITY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

836 - HAMPTON ST.

c. Length of stay in Baltimore

Yrs.

Mos.

Days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12-20-1940

9. AGE (in years  
last birthday)

13

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life or on if retired)

SCHOOL GIRL

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

M.D.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

RICHARDSON

14. MOTHER'S MAIDEN NAME

HARRIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

MR. RICHARDSON - FORREST ST.

18. E982X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Multiple Stab Wounds of Chest and Abdomen

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (a. g., in or  
about home, farm, factory, street, office bldg., etc.)

found: railroad yards

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Found: 200' north of Hillen Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Found: 10/18/53 8:15 P.m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

stabbed with sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
10-19-5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct 23

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

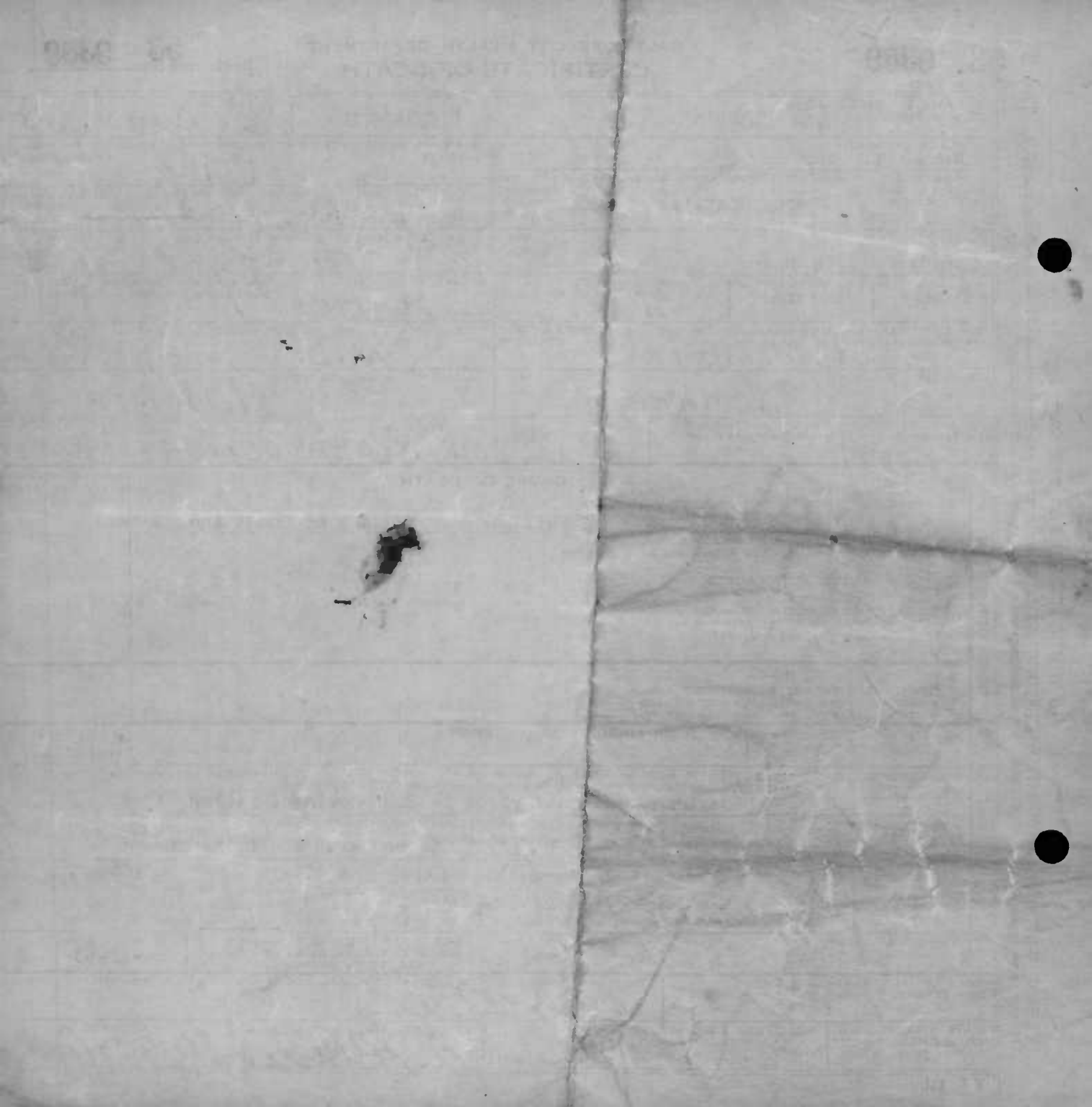
25. FUNERAL DIRECTOR

A. Habstad 9/8 B. Clark

ADDRESS

VS 151

N 875.2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 9360		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 9360 Registered No.	
BIRTH NO. <i>Non Res.</i>		1. NAME OF DECEASED (Type or Print) <b>ROSE MARY HARRIS</b>		2. DATE OF DEATH <b>October 20, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>4235 Overton Avenue</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>FEB 15, 1948</b>	9. AGE (In years last birthday) <b>5</b>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>W. VA.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>DAVID O HARRIS Jr</b>		14. MOTHER'S MAIDEN NAME <b>Mildred MURPHY</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>D.O. HARRIS Jr</b>		ADDRESS <b>SAME</b>
18. <b>754.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CONGENITAL</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Mongolism</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <b>Congenital heart disease</b> (B) <b>Mongolism</b> (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Blight</i>		M.D. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Oct. 21, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>10-24-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>PARKWOOD</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO MD.</b>		24E. NAME OF CEMETERY OR CREMATORY <b>PARKWOOD</b>		24F. LOCATION (City, town, or county) (State) <b>BALTO MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <b>Medred J. Blight</b>	
VS 151		js		6009 Harbor Ave	

0000 3300

0000 3300





W-425

53 9361

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9361

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Marie V. Wilson</i>				2. DATE OF DEATH <i>Oct 20-1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>md</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>4503. Mary Ave</i>				C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Balto 26-01</i>			
D. STREET ADDRESS (If rural, give location) <i>4503. Mary Ave</i>							
5. SEX <i>Female</i>				6. COLOR OR RACE <i>White</i>			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>				8. DATE OF BIRTH <i>Feb 15-1953</i>			
9. AGE (In years last birthday) <i>60</i>				10. If Under 1 Year Months Days			
11. BIRTHPLACE (State or foreign country) <i>Balto City md</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Frank K. Valentin</i>				14. MOTHER'S MAIDEN NAME <i>Friedericka Kurtz</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>				16. SOCIAL SECURITY NO. <i>None</i>			
17. INFORMANT <i>Mr. Kenneth L. Wilson</i>				ADDRESS <i>4503. Mary Ave</i>			
18. <i>171x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Malignancy of cervix with metastasis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 months</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>0</i>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) F INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July</i> , 1953 to <i>Oct-20</i> , 1953 that I last saw the deceased alive on <i>Oct 19</i> , 1953, and that death occurred at <i>6:15 P.M.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Charles M. Keane</i> M. D.				23B. ADDRESS <i>6801 Belair Rd.</i>		23C. DATE SIGNED <i>Oct 20, 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/23/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Balto md</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Thurmon Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Laurie Funeral Home 7401. Belair Rd</i>			

MEDICAL CERTIFICATION

Dr Kerr

Belau Pdr May 20 20

H-220

53 9362

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9362

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George B. Hughes

2. DATE  
OF  
DEATH

October 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Joseph's Hosp

4. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26

03

D. STREET ADDRESS (If rural, give location)

3657 Wadley Ave

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 31, 1899

9. AGE (In years  
last birthday)

53

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Stationary Engineer Rinde Products Co

10B. KIND OF BUSINESS OR  
INDUSTRY

Rinde Products Co

11. BIRTHPLACE (State or foreign country)

Balt. Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harry F. Hughes

14. MOTHER'S MAIDEN NAME

Mary Baldwin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

212-03-9409

17. INFORMANT

Nettie B. Hughes - 3657 Wadley Ave - 13

ADDRESS

18.

420.1 I

CAUSE OF DEATH

Coronary thrombosis

(A)

DUE TO

coronary artery disease

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

4 yrs.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1948, to Oct. 20, 1953, that I last saw the  
deceased alive on Oct 18, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

L C Obitual

23B. ADDRESS

M. D.

447 H. Kenwood Ave.

23C. DATE SIGNED

10/21/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Oct - 24 - 53

24C. NAME OF CEMETERY OR CREMATORY

Beechmont Cen.

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

E. C. Mally Inc. 2431 E. Olney St

ADDRESS

OCT 22 1953

5834R



J-653

9363

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9363

1. NAME OF DECEASED  
(Type or Print)

George M. Grindell

2. DATE  
OF  
DEATH

Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

3420 St. Ambrose Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 27-16

D. STREET ADDRESS (If rural, give location)

3420 St. Ambrose Ave.,

C. Length of stay in Baltimore

28 years

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Jan. 28, 1888

9. AGE (In years

last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sign Manufacturer

10B. KIND OF BUSINESS OR INDUSTRY

Neon Signs

11. BIRTHPLACE (State or foreign country)

Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Grindell

14. MOTHER'S MAIDEN NAME

Ida Zell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

219-07-0198

17. INFORMANT

ADDRESS

Mrs. Grace Winters, 3420 St. Ambrose Ave.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

unknown

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19, to Oct 21, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1953

Huntington Williams, Jr.

J. Vernon Leman

4611 Park Heights Ave





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9364

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY MARGARET TABORSKY - KORINEK

2. DATE  
OF  
DEATH

October 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and township)

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (not in hospital or institution, give street address or location)

University Hospital

D. STREET ADDRESS (If rural, give location)

625 N. Montford Avenue

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 7, 1882

9. AGE (in years  
last birthday)

70

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Vincent Forst

14. MOTHER'S MAIDEN NAME

Frances Vancura

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emma Harris, sister, 906 N/Chester

18. E 816.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Skull fracture

~~XXXX~~

Contusion of brain

Basilar meningitis

(B)

Fracture of left femur

~~XXXX~~

Fat embolus

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

Mt. Wilson and Reisterstown Roads

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

October 11, 1953

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Passenger in auto and auto collision

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
M.D. ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
Oct. 21, 195324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1953

Huntington 51310us, 10

Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.

VS 151

js

N - 804.2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 9365

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9365  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Alexandra Powell</i>		2. DATE OF DEATH <i>Oct-13-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Asber 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-04</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>208 N. Wolfe St</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-30-00</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Presser</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Public Shops</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Albert Powell</i>		14. MOTHER'S MAIDEN NAME <i>Wilhelmina Sargent</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Portal cirrhosis</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO <i>Hypertension</i> (C) <i>Hypertension</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10-23-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-2-53</i> to <i>10-13-53</i> , that I last saw the deceased alive on <i>10-13-53</i> , and that death occurred at <i>7:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Henry M. Wagner, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Oct 13 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10-23-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mount Zion Cem.</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Randolph J. Collick</i>		ADDRESS <i>1412 E. Preston St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>			

Postal number

~~London~~

X

1900

John H. Wray  
of the

F 465  
3 9366  
BIRTH NO. 49-07359BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9366

1. NAME OF DECEASED  
(Type or Print)

Florentine, Leonard Herman

2. DATE

OF DEATH October 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

NURSING HOME

St. Joseph's

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Joseph Eros Florentine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

BACK RIVER

D. STREET ADDRESS (If rural, give location)

615 Riverside Road

8. DATE OF BIRTH

April 7, 1949

9. AGE (In years  
last birthday)

4 yr.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Eleanora Weinert

17. INFORMANT

ADDRESS

Parents,

same as above.

18. 591X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Nephrosis, chronic

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 23 1953, to October 21, 1953 that I last saw the  
deceased alive on Oct. 21, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

P. L. L. L. L.

23B. ADDRESS

M. D.

1100 N. Caroline Street

23C. DATE SIGNED

Oct. 21, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 24-53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 22 1953

REGISTRAR'S SIGNATURE

Huntington, W. L.

25. FUNERAL DIRECTOR

John G. Connolly

ADDRESS

Cox

$\gamma$



M-624

3 9367

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9367

1. NAME OF DECEASED  
(Type or Print)

VICTOR MEARKLE

2. DATE  
OF  
DEATH

21 Oct '53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

FRANKLIN SQ HOSP.

c. Length of stay in Baltimore

17 yrs.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hull bridge tender

10b. KIND OF BUSINESS OR INDUSTRY

S.P.T. bridge

13. FATHER'S NAME

SAMUEL MEARKLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.  
170-18-9580

17. INFORMANT

ADDRESS

Mrs. Melvyn Mearkle at home

18.

141X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) POSTOPERATIVE HEMMORRHAGE

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

30 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) RADICAL NECK DISSECTION

DUE TO

5 days

(C) CARCINOMA OF TONGUE

1 yr.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

16 Oct 53

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of tongue with extension

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

No

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

No

21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

No

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

No

21e. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

No

22. I hereby certify that I attended the deceased from 4 Oct. 1953, to 21 Oct. 1953, that I last saw the deceased alive on 21 Oct. 1953, and that death occurred at 6:50 Am., from the causes and on the date stated above.

23a. SIGNATURE

Harold M. Lane, M.D. M. O.

23b. ADDRESS

60 FRANKLIN SQ HOSP.

23c. DATE SIGNED

21 Oct. 53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Oct. 24 - Md.

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24d. LOCATION (City, town, or county)

Eastern Ave.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John E. Connelly

ADDRESS

Essex

785 58

Md.

4

119-11-971

53

9368

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9368  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

IRVIN FRANCIS MAXWELL

2. DATE OF DEATH  
October 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission)  
A. STATE Maryland B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Dundalk

D. STREET ADDRESS (If rural, give location)

1706 Rita Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 16, 1928

9. AGE (In years last birthday)

24

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Irvin F. Maxwell Sr.

14. MOTHER'S MAIDEN NAME

Marie M. Dearing

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Irvin F. Maxwell Sr. 1706 Rita Road

18. E954.7 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Syncope during sodium pentothal and ether anesthesia  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

St. Joseph's Hospital

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Oct. 20, 1953 about 10:30 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Syncope during sodium pentothal &amp; ether anesthesia

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachin, M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Oct. 20, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 24, 53

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

OCT 22 1953

REGISTRAR'S SIGNATURE

Lilly &amp; Zeller Inc., 403 S. Wolfe St

25. FUNERAL DIRECTOR

ADDRESS

Lilly &amp; Zeller Inc., 403 S. Wolfe St

[Faint, illegible text spanning the page, likely bleed-through from the reverse side. The text is mirrored and difficult to decipher.]

K-620

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9369

Registered No.

BIRTH NO. 9369

1. NAME OF DECEASED  
(Type or Print)

MRS. MARIE K. KERSHAW

2. DATE OF DEATH OCT. 21-1953

3. PLACE OF DEATH:  
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

JAN. 6-1893

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE- Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CONRAD Reges

14. MOTHER'S MAIDEN NAME

CATHERINE BONNETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mr. Charles Kershaw - 1736 E. 28<sup>th</sup>

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

2 days

April

1946

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17-April-, 1946 to 21-Oct., 1953 that I last saw the deceased alive on 21-Oct., 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Oscar W. Edwards

M. D.

23B. ADDRESS

2746 The Alameda

23C. DATE SIGNED

22-Oct-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-23-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

OCT 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Lemuel J. Ruck

ADDRESS

5305 Harford





H-522  
53 9370BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH163X  
53 9370  
Registered No. ....

## 1. PLACE OF DEATH:

- (a) Baltimore City, Maryland  
(b) Street address 2900 Glendale Ave.  
(c) Hospital or institution:

- (d) Length of stay in hospital or inst. (yrs., mos., or days)  
(e) Length of stay in Baltimore (yrs., mos., or days) Life

## 3 (a) FULL NAME

Roland Bernard Hancock

## 3 (b) If veteran, name war

World War # Two

## 3 (c) Social Security Account

No. 214-18-3436

4. Sex  
M5. Color or race  
W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen M. Hancock

6 (c) If alive, give age years

## 7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 32 Months Days If less than one day hr. min.

9. Birthplace Baltimore Maryland

(Town, county, and state)

10. Usual Occupation Draftsman

11. Industry or business Air Plane Co.

12. Name William Hancock

13. Birthplace

14. Maiden Name Sophia Gorschboth

15. Birthplace

16 (a) Informant Mrs Helen M. Hancock

(b) Address 2900 Glendale Ave.

17 (a) Burial (b) Date thereof Oct. 23, 1953

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oaklawn Cemetery

Location Baltimore Maryland

18 (a) Funeral director Henry Sander &amp; Sons Inc.

(b) Address Baltimore Maryland

19 (a) OCT 22 1953 (b) Registrar

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Maryland (b) County Baltimore  
(c) City or town Baltimore 27-07  
(If outside city or town limits, write RURAL and give town)  
(d) Street No. 2900 Glendale Ave.  
(If rural give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1953, at 4:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1953, to Oct. 20 1953, and that I last saw him alive on Oct. 20 1953.

Immediate cause of death Cancer of Lung

## Duration

6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Aug. 27, 1953

Major findings of operation: Cancer of right lung

of autopsy: No

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide  
(b) Date of occurrence at M  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?  
(Specify type of place)

(e) Means of injury

23. Signature R. Donald J. Anderson M. D.  
Address 6077 Hazledale Rd Date signed 10-20-53

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

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### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

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For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

W-560

53 9371

BIRTH NO.

# OHMA WANNER

## BALTIMORE CITY HEALTH DEPARTMENT

### CERTIFICATE OF DEATH

Registered No. 53 9371

1. NAME OF DECEASED (Type or Print) <i>Mrs. Ohma Wanner</i>			2. DATE OF DEATH <i>Oct 20 '53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write R.R. & L. and give township) <i>Baltimore 9-07</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1502 E. 28th St.</i>		
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>May 11, 1888</i>		11. AGE (In years last birthday) <i>65</i>
12. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>GW</i>			13. B. KIND OF BUSINESS OR INDUSTRY		14. C. CITIZEN OF WHAT COUNTRY? <i>USA</i>
15. FATHER'S NAME <i>Ely Woltman</i>			16. MOTHER'S MAIDEN NAME <i>Julia Miller</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>			18. SOCIAL SECURITY NO.		
19. DECEASED			20. INFORMANT <i>Mr. Christopher Wanner (husband)</i> <i>1502 E. 28th St.</i>		

18. <i>443 X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cardiac failure</i>			
ANTECEDENT CAUSES		(B) <i>H.A.C.V.D.</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Bronchopneumonia</i>			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 17</i> , 19 <i>53</i> , to <i>Oct 20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>Oct 19</i> , 19 <i>53</i> , and that death occurred at <i>6:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Henry F. Sander</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>Oct 20 '53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
25. LOCAL REGISTRAR <i>OCT 22 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR, ADDRESS <i>HENRY SANDER &amp; SONS, INC.</i> <i>Baltimore Md.</i>	

*Henry F. Sander*



K-623  
3 9372  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9372

1. NAME OF DECEASED (Type or Print) <b>KATHERINE KIRST</b>			2. DATE OF DEATH <b>October 21, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Maryland Gen. Hospital</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>Maryland Memorial Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1210 East Oliver St #12</b>		
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>October 24, 1888</b>		11. AGE (In years last birthday) <b>64</b>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) <b>France</b>
15. FATHER'S NAME <b>Olvin Kirst</b>			16. MOTHER'S MAIDEN NAME <b>Johanna Heese</b>		17. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			19. SOCIAL SECURITY NO. <b>None</b>		20. INFORMANT <b>Daniel H. H. Abbeza, M.D.</b>

18. <b>E903.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Fracture, neck, right femur 8-7-52</b>		<b>10-21-53</b>
CERTIFICATION APPROVED BY <b>R. Fischer M.D.</b>		

19A. DATE OF OPERATION <b>9-1-53</b>		19B. MAJOR FINDINGS OF OPERATION <b>Fracture, neck, right femur</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1210 East Oliver St. #12</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>Oct 7, 1953 9:00 p.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Fell down while reaching for shelf.</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>October 21, 1953</b> and that death occurred at <b>10:15 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Daniel H. H. Abbeza</b>		23B. ADDRESS <b>Maryland Memorial Hospital</b>		23C. DATE SIGNED <b>10-21-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 24, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore Maryland</b>		24E. FUNERAL DIRECTOR <b>Henry Sander Sons Inc.</b>		24F. ADDRESS <b>93 Baltimore Maryland</b>	
25. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>					
VS 150 <b>N-820.1</b>					
In approval of Medical Examiner					

DATE

DATE

CERTIFICATION APPROVED BY

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

2 2 2 2 2 2 2



53

9373

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9373

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN P. GROGAN

2. DATE  
OF  
DEATH

Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2516 Maryland Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 21, 1862

9. AGE (In years  
last birthday)

91

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired machinist

10B. KIND OF BUSINESS OR  
INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

North Andover, Mass.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Grogan

14. MOTHER'S MAIDEN NAME

Katherine Curtin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
T. F. Costello-1722 N. Capitol St., Wash. DC

18.

443 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jarlin

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 22, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

Oct. 22, '53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Washington, D. C.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

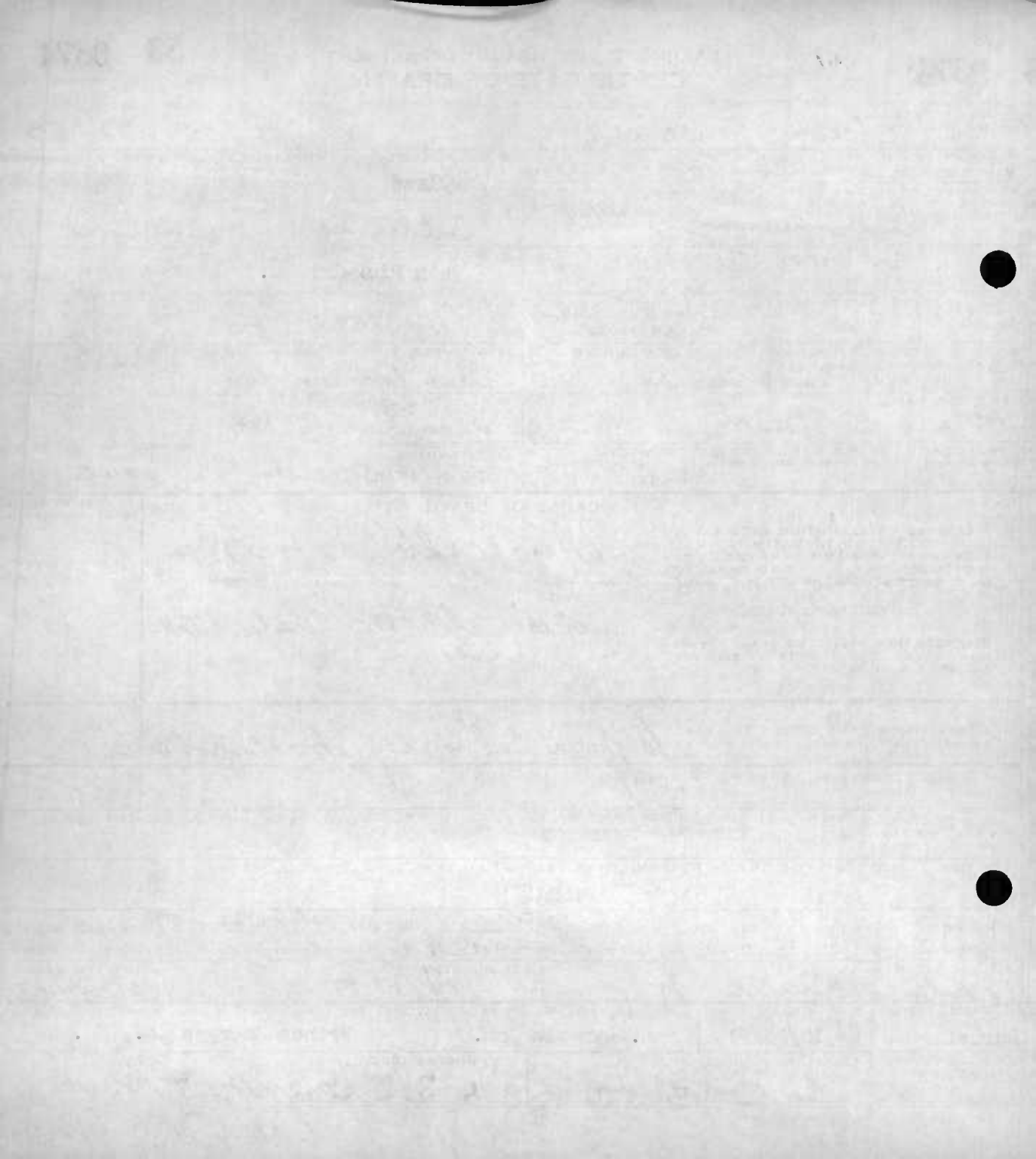
25. FUNERAL DIRECTOR

ADDRESS

OCT 22 1953 Huntington William, J. Pickner + Sons, Balto., Md



B-200		BALTIMORE CITY HEALTH DEPARTMENT		53 9374	
9374		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Charles F. Beach</i>		2. DATE OF DEATH <i>Oct/22/53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wm. Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i> <i>28-03</i>			
C. Length of stay in Baltimore <i>Mrs. MAE Beach</i>		D. STREET ADDRESS (If rural, give location) <i>2444 Pickwick Rd.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 15, 1899</i>	9. AGE (in years last birthday) <i>54</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>EXECUTIVE-Security</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>New York State</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Frank E. Beach</i>		14. MOTHER'S MAIDEN NAME <i>Minnie M. Parker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Mrs. Mae Beach (wife)</i>	
18. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic cardio-vasc. disease -</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diffuse pulmonary lobar consolidation</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>October 14, 1953</i> to <i>October 22, 1953</i> , that I last saw the deceased alive on <i>Oct. 22, 1953</i> , and that death occurred at <i>4 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Carle E. Spencer</i>		23B. ADDRESS <i>U M H</i>		23C. DATE SIGNED <i>10/22/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/24/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Ft. Lincoln Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Prince Georges Co., Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Pickner &amp; Sons</i>		ADDRESS <i>Balto. 17, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 22 1953</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Pickner</i>		26. VS 150	



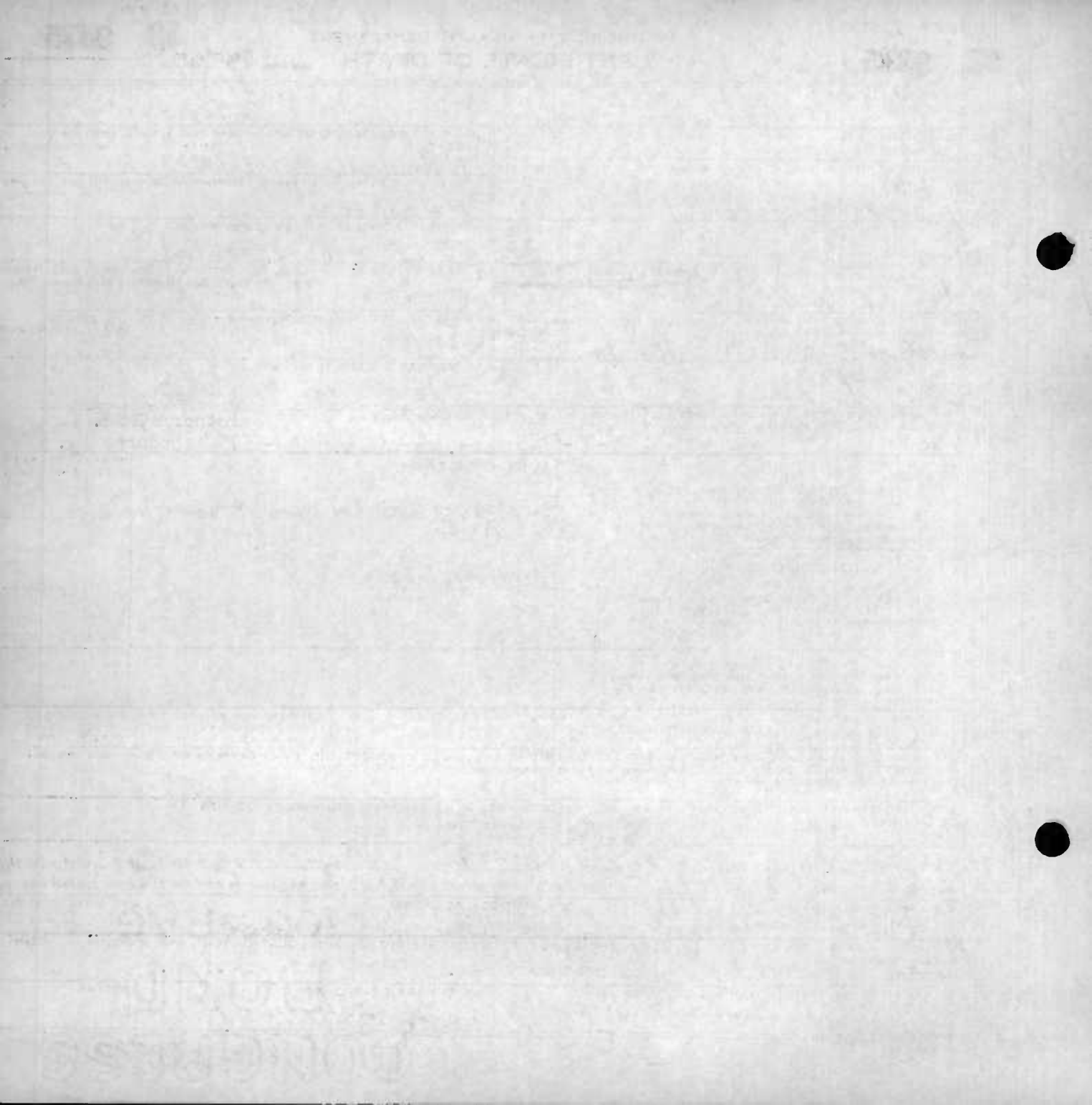
The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9375**

**H-400**  
**53 9375**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Christopher Conrad Hile</b>		2. DATE OF DEATH <b>10-21-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Balto.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Halethorpe</b>	
c. Length of stay in Baltimore <b>4</b>		D. STREET ADDRESS (If rural, give location) <b>5575 Ashbourne Rd.</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. <del>WIDOWED</del> <b>MARRIED</b> (Specify)	8. DATE OF BIRTH <b>5-6-88</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroadman (Engineer)</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
13. FATHER'S NAME <b>Christ Hile</b>		14. MOTHER'S MAIDEN NAME <b>Ida Belle Shaffer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>705-05-5119</b>	
17. INFORMANT <b>Halethorpe, Md.</b>		18. <b>CAUSE OF DEATH</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Ruptured <del>The</del> Aneurysm of Descend Aorta.</b> DUE TO <b>(B) Arteriosclerosis</b> DUE TO <b>(C)</b>	
19. <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>451X</b>		20. <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(A) Ruptured <del>The</del> Aneurysm of Descend Aorta.</b> DUE TO <b>(B) Arteriosclerosis</b> DUE TO <b>(C)</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>None</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>10-19</b> , 19 <b>53</b> , to <b>10-21</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-20</b> , 19 <b>53</b> , and that death occurred at <b>2-7:30 A.M.</b> , from the causes and on the date stated above.	
23A. SIGNATURE <b>J. E. Winslow Jr.</b>		23B. ADDRESS <b>University Hospital</b>	
23C. DATE SIGNED <b>10-21-53</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24B. DATE <b>10/24/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>		25. FUNERAL DIRECTOR <b>Thompson &amp; Sons</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
VS 150		541-50	





53

9376

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9376

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KATHERINE MEYER YOUNG

2. DATE  
OF  
DEATH

10/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

MERCY HOSPITAL, INC.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

327 TAPLOW RD.

12

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1/23/97

9. AGE (In years  
last birthday)

56

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA.

13. FATHER'S NAME

HENRY MEYER

14. MOTHER'S MAIDEN NAME

EMMA H. SCHUTTE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

ADDRESS

DECEASED

18.

174X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) GENERALIZED CARCINOMATOSIS 1 Yr.?  
DUE TO PRIMARY SITE UNKNOWN, POSSIBLY  
FROM UTERUS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO .....  
(C) .....

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/17/53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

INTESTINAL OBSTRUCTION

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

No

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16/53, 1953, to 10/21, 1953, that I last saw the  
deceased alive on 10/21, 1953, and that death occurred at 11<sup>20</sup> a.m., from the causes and on the date stated above.

23A. SIGNATURE

James R. Trope

M. D.

23B. ADDRESS

1632 KINGSWAY RD., BALTIMORE, MD.

23C. DATE SIGNED

10/21/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10/24/53

24C. NAME OF CEMETERY OR CREMATORY

LONDON PK. CEM

24D. LOCATION (City, town, or county)

Baltimore, MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, W. D. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. O. Fickner, 1000 E. Balt. MD

ADDRESS

2700 50

2700 50



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9377**

**G-260**  
**53 9377**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Geiser, Roy D.</b>		2. DATE OF DEATH <b>October 19, 1953</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b> <b>Baltimore, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Maryland CATONSVILLE</b>	
c. Length of stay in Baltimore <b>Apr. 38 Yrs</b>		D. STREET ADDRESS (If rural, give location) <b>1811 Edmondson Avenue #28</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5.13-1915</b>
9. AGE (In years last birthday) <b>38 Yrs</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASST. MERCHANDISE MGR. Montgomery Wards</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASST. MERCHANDISE MGR. Montgomery Wards</b>		11. BIRTHPLACE (State or foreign country) <b>Pa.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>JOHN D. GEISER</b>	
14. MOTHER'S MAIDEN NAME <b>ELIZA MAY HAMER</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>	
16. SOCIAL SECURITY NO. <b>W.W. II</b>		17. INFORMANT <b>Mrs. Roy D. Geiser - 1811 Edmondson Ave.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, apnea, etc. It means the disease, injury or complication which caused death.) <b>Acute Myocardial Infarct</b> DUE TO <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10/18/53</b> <b>10/19/53</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>10/18/53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>10/18/53</b> , 19__, to <b>10/19/53</b> , 19__, that I last saw the deceased alive on <b>10/19/53</b> , 19__, and that death occurred at <b>9:00</b> m., from the causes and on the date stated above.	
23A. SIGNATURE <b>B. Martin Middleton</b>		23B. ADDRESS <b>St. Agnes Hospital</b>	
23C. DATE SIGNED <b>10/19/53</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24B. DATE <b>10-22-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>THAYER MEMORIAL CEM.</b>	
24D. LOCATION (City, town, or county) (State) <b>RIDGEWAY PENN.</b>		25. FUNERAL DIRECTOR <b>George A. Spoley</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 22 1953</b>		REGISTRAR'S SIGNATURE <b>Thurston E. Williams</b>	

October 1, 1953

October 1, 1953

October 1, 1953

October 1, 1953

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October 1, 1953

E-416  
53 9378BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9378

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Annabell Elberskirch

2. DATE  
OF  
DEATH

Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-05

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2110 Wilhelm Street (23)

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-2-89

9. AGE (In years last birthday)

64

10 Under 1 Year 11 Under 24 Hours  
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Cook

14. MOTHER'S MAIDEN NAME

Rose Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Emil Elberskirch 2110 Wilhelm St.

18.

581.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Chronic Hepatitis - Chronic  
DUE TO Alcoholism - Hepatic Insufficiency

19-2

Oct. 21, '53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18/53, 19\_\_, to 10/21/53, 19\_\_, that I last saw the deceased alive on 10/21/53, 19\_\_, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. Martin Middleton M.D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

10/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-26-53

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NATIONAL

24D. LOCATION (City, town, or county) (State)

BALTIMORE Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

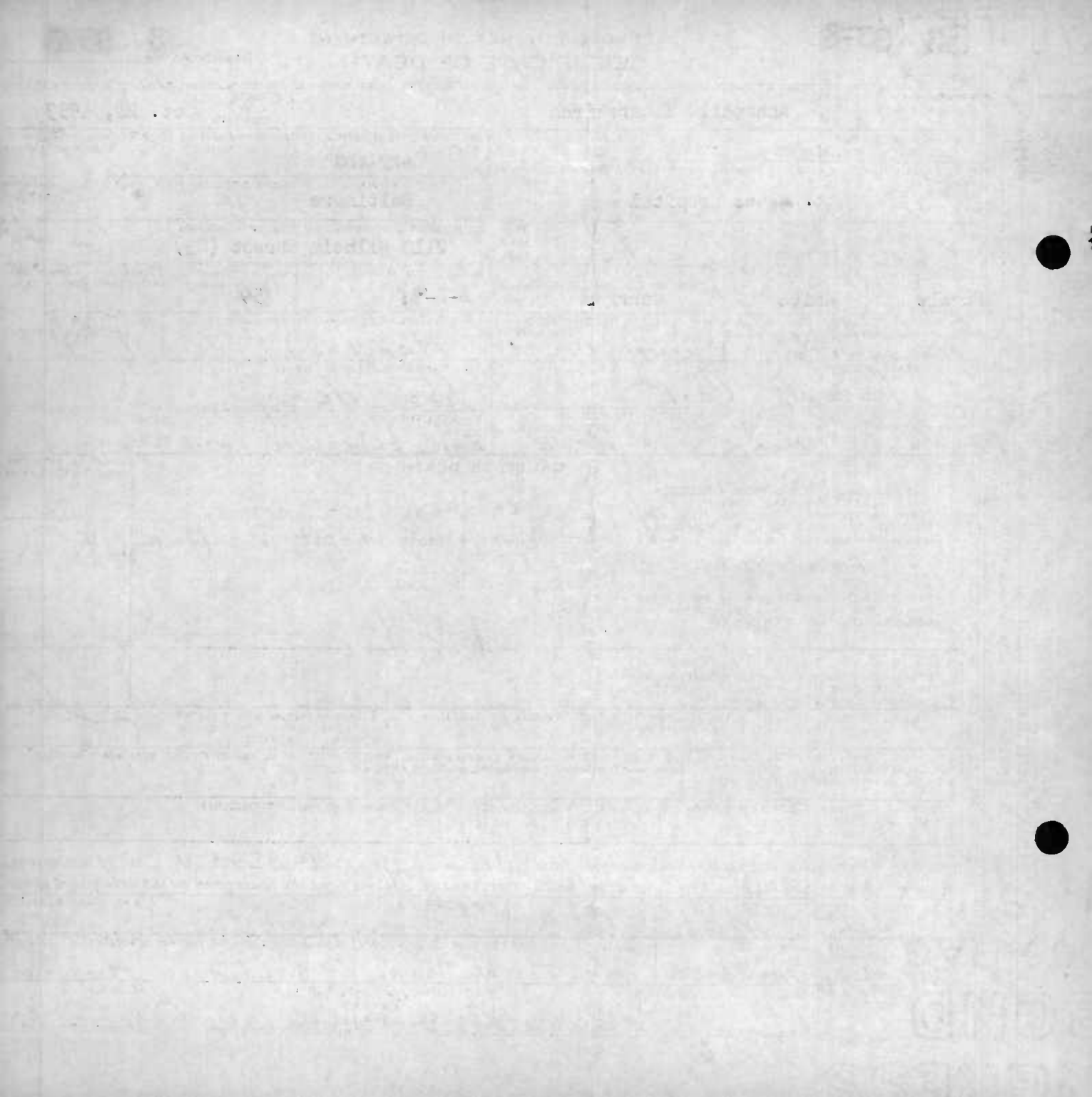
OCT 23 1953

Huntington Williams

Beal Schwab 2101 Frederick Ave

VS 150

7208A





E-526

53 9379

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9379  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Emma Gertrude Ensor		22 Oct 53	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence			
A. Baltimore City, Maryland		A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
5237 Fairlawn Ave		Baltimore Maryland			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		5237 Fairlawn Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Married	May 27, 1889	64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife				Baltimore Co., Md	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		17. INFORMANT	
John H. Eppers		Mary J. Mules		George F. Ensor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS	
				5237 Fairlawn Ave	
18. 170X I		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of left breast with metastases		18 mos	
DUE TO					
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II		(C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
11 Nov 52		Carcinoma of breast		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 11 Oct, 1953, to 20 Oct, 1953, that I last saw the deceased alive on 20 Oct, 1953, and that death occurred at 5:24 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Paul H. Royce		P. Sewell & Co		22 Oct 53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Oct 24/53		Lorraine Park	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
OCT 23 1953		Huntington Williams		Loring Eyers	
VS 150				5025 Cheltenham Ave.	

MEDICAL CERTIFICATION



H-512  
53 9380BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9380

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		John Nelson Hampsher	
2. DATE OF DEATH		October 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 60 Park Hill Nursing Home 1802 Eutaw		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-03	
c. Length of stay in Baltimore 20 years		D. STREET ADDRESS (If rural, give location) 618 Melville Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10B. KIND OF BUSINESS OR INDUSTRY Own farm	9. AGE (in years last birthday) 87
13. FATHER'S NAME John Nelson		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. ----		14. MOTHER'S MAIDEN NAME Elizabeth ?	
17. INFORMANT Mrs Margaret Smith (daughter)		ADDRESS 618 Melville	
18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Occlusion Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 15 mins. 10 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1952, to Oct. 21, 1953 that I last saw the deceased alive on Oct. 20, 1953, and that death occurred at 6:15 A.M., from the causes and on the date stated above			
23A. SIGNATURE Lloyd E. Saylor		23B. ADDRESS 3902 Greenmount Ave. Balto. 18	
23C. DATE SIGNED 10/22/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Oct. 24, 1953	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1953		REGISTRAR'S SIGNATURE H. M. Jenkins	
25. FUNERAL DIRECTOR Jenkins 2713 Park Ave.		ADDRESS	

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WALL  
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X  
53 9381  
Registered No.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DANIEL Samler

2. DATE  
OF  
DEATH

22 Oct 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hosp

4. Length of stay in Baltimore

15 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

Isaac Samler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

Baltimore

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

Shepard + Enock Pratt Hosp. Tower 4

8. DATE OF BIRTH

5 Feb 18 78

9. AGE (In years  
last birthday)

75

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Fannie Myers

17. INFORMANT

ADDRESS

Lawrence Samler, Thompson Manor, Apts.

18. 153X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Surgical Shock

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

8 hrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Wound Dehiscence

DUE TO

1 hr

(C)

Post-op miles Reaction

7 days

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

15 Oct 53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Sigmoid

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 6 Oct, 1953, to 22 Oct, 1953, that I last saw the  
deceased alive on 22 Oct, 1953, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. B. Caraway Jr.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

22 Oct 53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/25/53

24C. NAME OF CEMETERY OR CREMATORY

Adath Jeshurun Cemetery, Philadelphia, Pa.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Sol. Fernandez &amp; Bros., 1124 N. North Ave.

OCT 23 1953

VS 150

1950

1951

1952

1953

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1956

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53 9382

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9382  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH

DORSEY

2. DATE  
OF DEATH Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1025 Madison Avenue

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 4, 1912

9. AGE (In years last birthday)

41

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?  
U. S. A

13. FATHER'S NAME

Henson Dorsey

14. MOTHER'S MAIDEN NAME

Rosa Francis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Louise Allen 1025 Madison Av.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 22, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-24-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Frances A. Hensley

ADDRESS

1917-1918

1917-1918

1917-1918

1917-1918

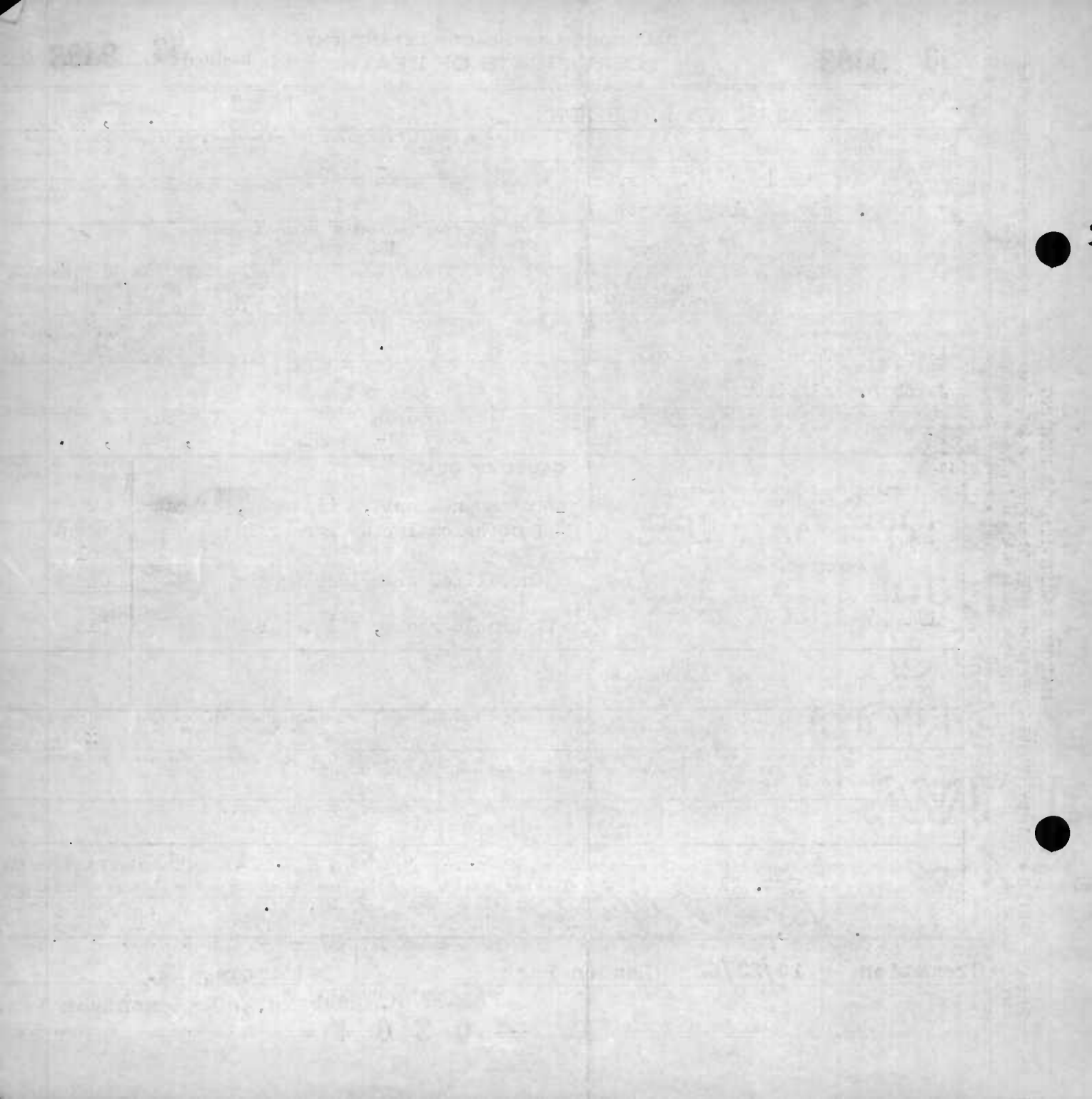
1917-1918

G-613  
53 9383BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9383

1. NAME OF DECEASED (Type or Print) <b>THOMAS HOUSTON D. GRIFFITHS</b>		2. DATE OF DEATH <b>Oct. 21, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Florida</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Public Health Service Hospital</b> <b>Wyman Pk. drive &amp; 31st street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Fort Lauderdale</b>	
D. STREET ADDRESS (If rural, give location) <b>200 Rose street</b>		E. LENGTH OF STAY IN BALTIMORE <b>40 days</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10/26/78</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired physician</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>US PHS</b>	9. AGE (In years last birthday) <b>74</b>
13. FATHER'S NAME <b>Jacob D. Griffiths</b>		11. BIRTHPLACE (State or foreign country) <b>Tenn.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>No</b>		14. MOTHER'S MAIDEN NAME <b>Caroline Lea</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		17. INFORMANT ADDRESS <b>Records- US PHS Hospital, Balto, Md.</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>1-Bronchopneumonia, bilateral,</b> <b>2- Encephalomalacia (cerebral)</b> DUE TO (A) <b>Generalized arteriosclerosis</b> (B) <b>Nephrosclerosis, bilateral</b> DUE TO (C) <b>Old</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Recent</b> <b>Recent</b> <b>&amp; old</b> <b>Old</b> <b>Old</b>
MEDICAL CERTIFICATION II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>10/23/53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 12</b> , 19 <b>53</b> , to <b>Oct. 21</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Oct. 21</b> , 19 <b>53</b> , and that death occurred at <b>9 P</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>James A. Hunter</b> <b>James A. Hunter, Clinical Director M.D.</b>		23B. ADDRESS <b>Balto, Md.</b> <b>US Public Health Service</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>10/23/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1953</b>		REGISTRAR'S SIGNATURE <b>Howard H. Hubbard</b>	
VS 150		ADDRESS <b>Howard H. Hubbard, 2503 Edmondson Ave.</b>	

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53 9384

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9384

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

J. CARROLL GRANGER

2. DATE  
OF  
DEATH

10/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

5. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

6. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

m

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

FABER HANGER

10b. KIND OF BUSINESS OR  
INDUSTRY

Retired

9. FATHER'S NAME

William Edward Granger

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

175-12-2271-A

17. INFORMANT

ADDRESS

1219 Madison  
St. Baltimore, Md.

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Diabetic case  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)INTERVAL BETWEEN  
ONSET AND DEATH

7 h.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 1953, to 10/21, 1953, that I last saw the  
deceased alive on 10/21, 1953, and that death occurred at 8:05 P. M. from the causes and on the date stated above.

23A. SIGNATURE

J. Watson

23B. ADDRESS

M. O.

Maryland General Hosp. 10/21/53

23c. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10/24/53

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1953

Huntington

J. T. STANSBURY 2700 EDMONDSON

VS 150

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1400

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]*



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53 9385

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9385  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LILLIE W. HESSLER</b>		2. DATE OF DEATH <b>22 OCT 1953</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <b>MARYLAND</b> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>MARYLAND GENERAL HOSPITAL</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 9-01</b>	
c. Length of stay in Baltimore <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>516 E. 41ST ST #18</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>25 MAR 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
13. FATHER'S NAME <b>CHAS. F. HESSLER</b>		14. MOTHER'S MAIDEN NAME <b>SOPHIA KNOX</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
		17. INFORMANT ADDRESS <b>HOSPITAL RECORDS</b>	

18. <b>181X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>CARCINOMA of BLADDER</b> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <b>NOT KNOWN Symptoms 2 months</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <b>21 SEPT 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>PAPILLOMATOUS LESIONS (BLADDER WALL)</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9/16/53</b> , 19__, to <b>10/22/53</b> , 19__, that I last saw the deceased alive on <b>10/22/53</b> , 19__, and that death occurred at <b>12 25P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Edward J. Sawada M.D.</b>		23b. ADDRESS <b>Maryland Gen. Hospital</b>		23c. DATE SIGNED <b>22 OCT 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/26/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BALTIMORE CEM.</b>	
24d. LOCATION (City, town, or county) <b>BALTIMORE</b>		24e. LOCATION (City, town, or county) <b>BALTIMORE</b>		24f. LOCATION (City, town, or county) <b>MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>JOHN A. MORAN</b>	
				ADDRESS <b>3000 E. BALTO. ST.</b>	

MEDICAL CERTIFICATION

1. The first part of the report is a general introduction to the subject.

2. The second part of the report is a detailed description of the methods used.

3. The third part of the report is a discussion of the results obtained.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is a summary of the main points.

6. The sixth part of the report is a list of the authors' names.

7. The seventh part of the report is a list of the titles of the papers.

8. The eighth part of the report is a list of the names of the institutions.

9. The ninth part of the report is a list of the names of the sponsors.

10. The tenth part of the report is a list of the names of the reviewers.

11. The eleventh part of the report is a list of the names of the editors.

12. The twelfth part of the report is a list of the names of the publishers.

13. The thirteenth part of the report is a list of the names of the distributors.

14. The fourteenth part of the report is a list of the names of the retailers.

15. The fifteenth part of the report is a list of the names of the wholesalers.

16. The sixteenth part of the report is a list of the names of the manufacturers.

17. The seventeenth part of the report is a list of the names of the suppliers.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 9386

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9386  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Emma W. Reinhardt</i>		2. DATE OF DEATH <i>Oct. 21-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>409 N. Montford Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-02</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>409 N. Montford Ave.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Mar. 24-1871</i>	9. AGE (in years last birthday) <i>82</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Bernard Weber</i>		14. MOTHER'S MAIDEN NAME <i>Not Known</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Ruth Zaleski 409 N. Montford Ave.</i>	
18. <i>HYPER</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) <i>ARTERIOSCLEROTIC C.V. DISEASE</i> DUE TO <i>5 YEARS</i>					
ANTECEDENT CAUSES					
(B) <i>ARTERIOSCLEROSIS GENERALIZED</i> DUE TO <i>10 YEARS</i>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/15/49</i> , 19__, to <i>10/21/53</i> , 19__, that I last saw the deceased alive on <i>10/21/53</i> , 19__, and that death occurred at <i>3:50 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas B. Moore M.D.</i>		23B. ADDRESS <i>448 N. Luzerne Ave.</i>		23C. DATE SIGNED <i>10/23/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 24-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24E. FUNERAL DIRECTOR ADDRESS <i>John E. Miller 2334 Jefferson St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

53 9387

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9387  
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) <i>Mary Menges</i>			2. DATE OF DEATH <i>10-21-53</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>11-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>43</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1200 St. Paul St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>66</i>
13. FATHER'S NAME <i>Thomas Flynn</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>✓</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Kathleen McDonald</i>	
17. INFORMANT <i>Mrs. Cochran</i>		ADDRESS <i>3010 alon</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congestive Heart Failure</i> DUE TO (A) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pneumonia, Bilateral Pericarditis</i> DUE TO (B) <i>Pneumonia, Bilateral Pericarditis</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>2</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/19/53</i> , 19 <i>53</i> , to <i>10-21</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10/21</i> , 19 <i>53</i> , and that death occurred at <i>7:35 A.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Donald B. ...</i>		23B. ADDRESS <i>1213 Lynd St.</i>	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>10/24/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Catharine Lee ... Rd</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		25. FUNERAL DIRECTOR <i>1318 Light</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	

7868

87

7868

87



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9388**G-652  
**53 9388**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Granger, Clarence</b>			2. DATE OF DEATH <b>10/22/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>40 St. Agnes Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 53-51</b>		
c. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>1315 Sulphur Spring Rd. #27</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/27/97</b>	9. AGE (In years last birthday) <b>56</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Shipping Dept.</b>	11. BIRTHPLACE (State or foreign country) <b>Md.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Edward</b>			14. MOTHER'S MAIDEN NAME <b>Dec'd.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Unknown Unknown</b>		16. SOCIAL SECURITY NO. <b>212-07-3247</b>	17. INFORMANT ADDRESS <b>St. Agnes Hospital</b>		
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Myocardial Infarct - Left</b> DUE TO <b>Right Ventricle</b> (B) <b>Pancreatitis</b> DUE TO <b>Renal Infarcts</b> (C) <b>Renal Infarcts</b> INTERVAL BETWEEN ONSET AND DEATH <b>10/17/53</b> <b>10/22/53</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>2</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/17/53</b> , 19__, to <b>10/22/53</b> , 19__, that I last saw the deceased alive on <b>10/22/53</b> , 19__, and that death occurred at <b>5:20 A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>G. Martin Middleton</b>		23B. ADDRESS <b>St. Agnes Hospital</b>		23C. DATE SIGNED <b>10/22/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>10/24/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>LODGE PARK</b>		24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, MARYLAND</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Joseph J. Ambrose 1328 Sulphur Sp. Rd.</b>	

WILEY  
COMPANIES  
BOND  
1000000000  
U.S. DEPT. OF  
TREASURY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9389  
Registered No.

53 9389

1. NAME OF DECEASED (Type or Print) <b>Mr. Guy Garman</b>			2. DATE OF DEATH <b>Oct. 21, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>5620 Pilgrim Road</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-06</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5620 Pilgrim Road</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 18, 1892</b>	9. AGE (In years last birthday) <b>61</b>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumber Mfg.</b>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Glen Rock, Penna</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Garman</b>			14. MOTHER'S MAIDEN NAME <b>Smith</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Wife</b> ADDRESS <b>Mrs. Emily F. Garman, 5620 Pilgrim</b>		
18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension</b> <b>Anxiety Neurosis</b> DUE TO (B) (C)			INTERVAL BETWEEN ONSET AND DEATH <b>10-18-53</b> <b>year</b> <b>year</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>46</b> to <b>10-21-</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-20</b> , 19 <b>53</b> , and that death occurred at <b>2-A</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>William L. Zeno</b>			23B. ADDRESS <b>3025 Beloe Rd</b>		23C. DATE SIGNED <b>10-21-53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>10-23-53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 23 1953</b>		REGISTRAR'S SIGNATURE <b>Harford J. Williams</b>		FURNERAL DIRECTOR ADDRESS <b>Leonard J. Ruck, 5305 Harford Road.</b>	

R. Fearing  
025 Belair Road  
P.M.

53 9390

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9390

BIRTH NO. 53-26166

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Hannan

(Real Marie Hannan)

2. DATE  
OF  
DEATH

10/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hospital

c. Length of stay in Baltimore

3

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

New born

10B. KIND OF BUSINESS OR  
INDUSTRY

New born

13. FATHER'S NAME

Charles J. Hannan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

J. T. Watson

ADDRESS

Mercy Hosp.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

Irreversible Postoperative Shock 1 hr 45 min

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/22-10/23/53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

Esophageal Atresia

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20 1953, to 10/23 1953, that I last saw the  
deceased alive on 10/23 1953, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. T. Watson

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10/23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 26/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Ave

24D. LOCATION (City, town, or county)

Bald Md

(State)

OATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Philip's Burial Svc

26. ADDRESS

2124 Orleans St

OCT 23 1953

VS 150

0948

0950



53 9391

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9391  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Raymond J. Weaver

2. DATE  
OF  
DEATH

October 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ohio

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New Philadelphia

D. STREET ADDRESS (If rural, give location)

R.D., 4 Box # 51

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-20-93

9. AGE (In years  
last birthday)

60

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Dealer (owner)

10B. KIND OF BUSINESS OR  
INDUSTRY

Automobiles

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

George Weaver

14. MOTHER'S MAIDEN NAME

Johanna Kerch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Aneurysm of the  
basilar arteryINTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-20-53

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1953, to 10-22, 1953, that I last saw the  
deceased alive on 10-22, 1953, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-22-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

10/23/53

24C. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24D. LOCATION (City, town, or county)

Dover, Ohio

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

[Signature]

OCT 23 1953

VS 150

2906J

Bath. 17, Md.

See Document file for complete anatomical diagnosis

11/13/53 ES

M-623

53 9392

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9392

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY ANDREW MARSTELLER

2. DATE  
OF  
DEATH

Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2106 Allendale Rd.

C. CITY OR TOWN (If outside corporate limits, give rural, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2106 Allendale Rd.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Oct. 14, 1884

9. AGE (In years  
last birthday)

69

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

painter

10B. KIND OF BUSINESS OR  
INDUSTRYMiller Weather Tite  
Co.

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Marsteller

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. L. B. Marsteller-2106 Allendale Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) *Cerebro-vascular accident*  
DUE TO

12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Arteriosclerotic cardiovascular disease*  
DUE TO

5 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.*Chronic bronchitis*

10 yrs

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April*, 195*2*, to *Oct*, 1953, that I last saw the  
deceased alive on *Oct 21*, 1953, and that death occurred at *150 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

*O. Allan Spier*

M. D.

23B. ADDRESS

*4408 Loch Raven Blvd.*

23C. DATE SIGNED

*Oct. 22, 1953*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

10/24/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*Harriington Williams*

25. FUNERAL DIRECTOR

*J. Pickner & Sons*

ADDRESS

*Baeto. 17, Md.*

VS 150

58424



L-550  
53 9393BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9393  
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Lyman, Elizabeth Louise</i>			2. DATE OF DEATH <i>10-22-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>608 E. 29th St.</i>					
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-14-74</i>		9. AGE (In years last birthday) <i>79</i>	If Under 1 Year Months Days		If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John Snyder</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Reuschling</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT ADDRESS <i>Mr. Albert E. Lyman-608 E. 29th St.</i>			
18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>cardiac arrest</i> DUE TO			CAUSE OF DEATH <i>coronary artery disease</i> DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>10-20-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>10-20</i> , 19 <i>53</i> to <i>10-22</i> , 19 <i>53</i> that I last saw the deceased alive on <i>10-22</i> , 19 <i>53</i> , and that death occurred at <i>11:55</i> Am., from the causes and on the date stated above.								
23A. SIGNATURE <i>Robert W. Guldand</i>			23B. ADDRESS <i>Sinai Hospital</i>			23C. DATE SIGNED <i>10-22-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/26/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR <i>J. J. Pickner &amp; Sons</i>		ADDRESS <i>Balto. 17, Md.</i>		

The following is a list of the  
 names of the persons who  
 have been appointed to the  
 various committees of the  
 Board of Directors of the  
 City of New York, for the  
 year 1900.

The following is a list of the  
 names of the persons who  
 have been appointed to the  
 various committees of the  
 Board of Directors of the  
 City of New York, for the  
 year 1900.



520

3 9394

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9394

1. NAME OF DECEASED  
(Type or Print)

JULIA CYMEK

2. DATE  
OF  
DEATH

Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Doctors Hos.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jan Andrzejewski

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Cymek 4311 Shamrock Ave

18. 443X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Interstitial Cerebral Vascular

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary Decline

DUE TO

(C) Cerebral Fracture

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Oct 21, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Michal J. Jamurski

M. D.

2711 Carter Ave.

10/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Oct. 26, 1953

Holy Rosary

Balto., Co.

Md.

Huntington Williams

2007 Eastern Ave.

1934

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STATE OF NEW YORK

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

53 9395

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9385

**BIRTH NO.** D-520

<b>1. NAME OF DECEASED</b> (Type or Print) <b>WILLIAM BENJAMIN DENNIS</b>		<b>2. DATE OF DEATH</b> <b>October 21, 1953</b>	
<b>3. PLACE OF DEATH:</b> <b>A. Baltimore City, Maryland</b>		<b>4. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) <b>A. STATE Maryland</b>	
<b>B. FULL NAME OF HOSPITAL OR INSTITUTION</b> <b>South Baltimore General Hospital</b>		<b>C. CITY OR TOWN</b> (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
<b>c. Length of stay in Baltimore</b> Yrs. _____ Mos. _____ Days _____		<b>D. STREET ADDRESS</b> (If rural, give location) <b>2035 Division Street</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Colored</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>1/13/1896</b>
<b>10A. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Trucker</b>		<b>10B. KIND OF BUSINESS OR INDUSTRY</b> <b>Railroad</b>	<b>9. AGE</b> (In years last birthday) <b>57</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Williamsburg, Va.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13. FATHER'S NAME</b> <b>Wm. A. Dennis</b>		<b>14. MOTHER'S MAIDEN NAME</b> <b>Betty</b>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes W. W. #1</b>		<b>16. SOCIAL SECURITY NO.</b> <b>705-09-6245</b>	
<b>17. INFORMANT</b> <b>Mary V. Dennis</b>		<b>ADDRESS</b> <b>2 Bainbridge St. Brooklyn, N. Y.</b>	

<b>18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>452X</b>	<b>CAUSE OF DEATH</b> (A) <b>Generalized arteriosclerosis</b> <del>XXXX</del> (B) <b>Rupture of right femoral artery with massive dissecting hemorrhage of lower abdominal wall</b> (C) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>II ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
<b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

<b>19A. DATE OF OPERATION</b>		<b>19B. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.</b>	<b>21B. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21C. WHERE DID INJURY OCCUR?</b> (If in Baltimore City, give exact location)		
<b>21D. TIME</b> (Month) (Day) (Year) (Hour) OF INJURY	<b>21E. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21F. HOW DID INJURY OCCUR?</b>		
<b>22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</b>				
<b>23A. SIGNATURE</b> <i>William V. ...</i>		<b>23B. CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/> <b>ASSISTANT MEDICAL EXAMINER</b> <input checked="" type="checkbox"/> <b>M.D. MEDICAL INVESTIGATOR</b> <input type="checkbox"/>		<b>23C. DATE SIGNED</b> <b>Oct. 21, 1953</b>
<b>24A. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24B. DATE</b> <b>10/26/53</b>	<b>24C. NAME OF CEMETERY OR CREMATORY</b> <b>Balto Natl</b>	<b>24D. LOCATION</b> (City, town, or county) (State) <b>Balto Md</b>	
<b>DATE RECEIVED BY LOCAL REGISTRAR</b> <b>OCT 23 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Huntington ...</i>	<b>25. FUNERAL DIRECTOR</b> <i>Karl ...</i>		
<b>ADDRESS</b> <b>572 Carwell ...</b>				



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9396****F 416**  
**53 9396**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ella Isabelle Elburn</i>		2. DATE OF DEATH <i>10/21/53 2 P.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>418 W. 23rd st.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 12-07</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>418 W. 23rd st.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 20-1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>78</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>214-24-5069A</i>	
17. INFORMANT <i>Remont Elburn</i>		ADDRESS <i>3114 Land st</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>		
DUE TO (B)		
DUE TO (C)		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10/15/1953*, to *10/21, 1953*, that I last saw the deceased alive on *10/15, 1953*, and that death occurred at *10/21, 1953*, from the causes and on the date stated above.

23A. SIGNATURE <i>A. W. [Signature]</i>	23B. ADDRESS <i>2902 Huntington Ave</i>	23C. DATE SIGNED <i>10/22/53</i>
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/24/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 23 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Halliday, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm. Cook, Inc. 1217 St. Paul st.</i>	

0000 22

THE UNITED STATES OF AMERICA  
DEPARTMENT OF THE ARMY  
OFFICE OF THE CHIEF OF ENGINEERS  
WASHINGTON, D. C.

17  
17

CHIEF OF ENGINEERS  
WASHINGTON, D. C.

AMERICAN



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9397**1. NAME OF DECEASED  
(Type or Print)**Thomas E. Foster**2. DATE  
OF  
DEATH**10/22/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)**2904 W. Mosher st**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

**Md.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Balto. 16-07**

D. STREET ADDRESS (If rural, give location)

**2904 W. Mosher st.**

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

**12/31/1883**9. AGE (In years  
last birthday)**69**H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**Retired Plumber**10B. KIND OF BUSINESS OR  
INDUSTRY**Own**

11. BIRTHPLACE (State or foreign country)

**Balto. Md.**12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

**Thomas E. Foster**

14. MOTHER'S MAIDEN NAME

**Unknown**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)**No**

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

**Thos. E. Foster Jr. 2214 Edgewood St**

ADDRESS

18.

**181X**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

**Respiratory failure**

ANTECEDENT CAUSES

(B)

DUE TO

**Carcinoma bladder**DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug. 1953** to **Oct 22, 1953** that I last saw the  
deceased alive on **Oct 20, 1953**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

**J. Shorofsky M.D.**

23B. ADDRESS

**4734 Park Heights Ave.**

23C. DATE SIGNED

**10/23/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10/24/53**

24C. NAME OF CEMETERY OR CREMATORY

**Lorraine**

24D. LOCATION (City, town, or county)

**Balto. Co. Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

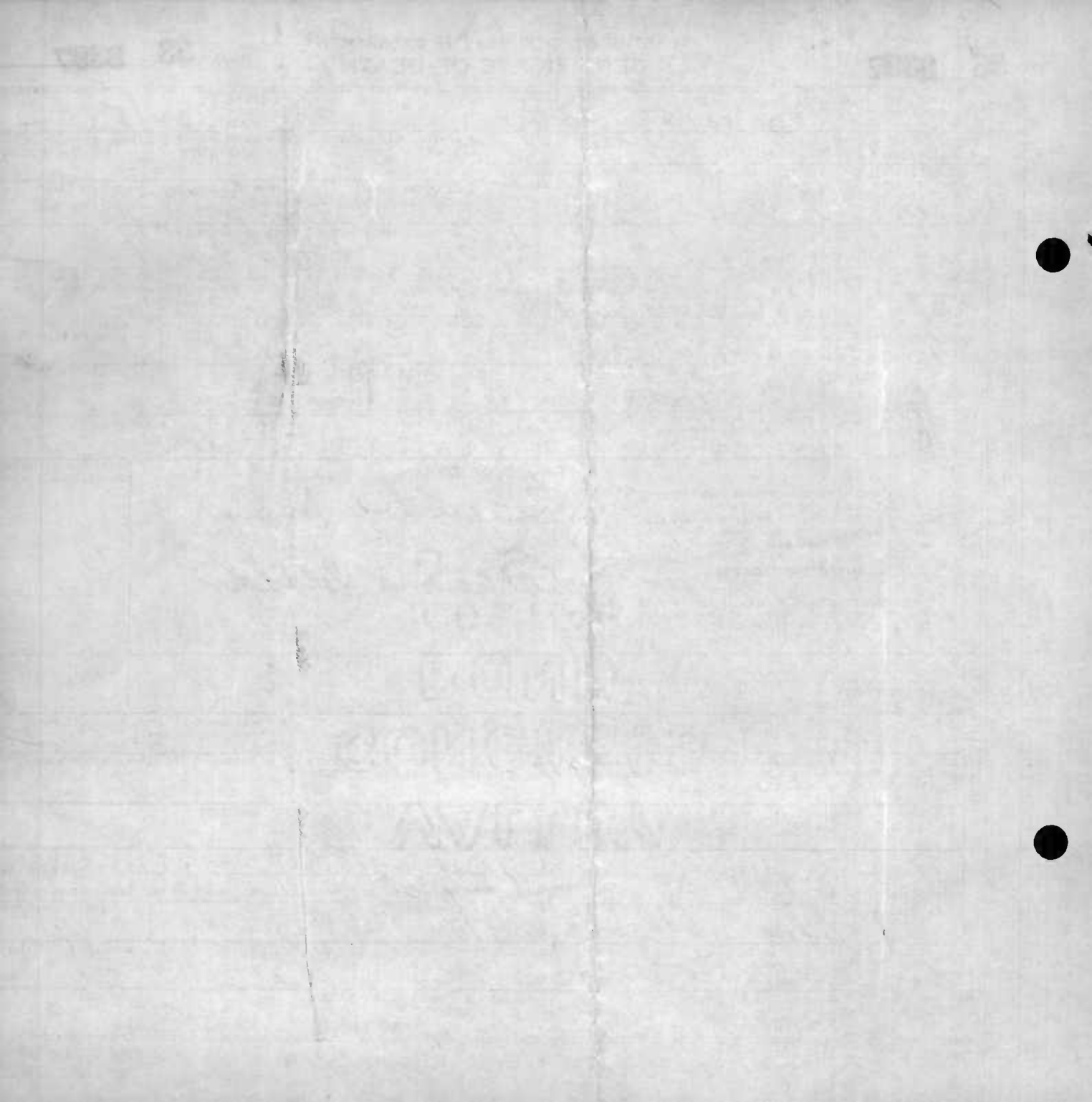
REGISTRAR'S SIGNATURE

**Thurmon V. ...**

25. FUNERAL DIRECTOR

**1217 St. Paul st.**

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9398**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CHRISTINE COLLIN

2. DATE  
OF  
DEATH

Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

3932 Pennington Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3932 Pennington Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Fem ale

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 26, 1874

9. AGE (In years  
last birthday)

79

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF  
WHAT COUNTRY?

Poland

13. FATHER'S NAME

Christ Feil

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Martha Meyer 3932 Pennington Ave.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Dissecting aneurysm - thoracic aorta*  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) *Generalized arteriosclerosis*  
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.*Bronchopneumonia*

3 days

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 1952, to *Oct. 21*, 1953, that I last saw the  
deceased alive on *Oct. 21*, 1953, and that death occurred at *10* m., from the causes and on the date stated above.

23A. SIGNATURE

*John R. Feltus*

23B. ADDRESS

M. D.

*4700 Pennington Ave.*

23C. DATE SIGNED

*10/22/53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county)

A. A. Co. Maryland

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*John R. Feltus*

25. FUNERAL DIRECTOR

ADDRESS

*William Cook, Inc.*

1217 St. Paul St.

88 348

RECEIVED  
JUN 10 1964

88 348

TO: [illegible]  
FROM: [illegible]  
SUBJECT: [illegible]  
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or letter. The text is too light to transcribe accurately.]

K-625  
53 9399BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9399  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Marie Kresina

2. DATE  
OF DEATH Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 621 Yale Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Baltimore B. COUNTY MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
1-03c. Length of stay in Baltimore  
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)  
613 S. Port St

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Sept 9, 1904 9. AGE (In years last birthday) 49 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Packing House Worker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael Wszciek

14. MOTHER'S MAIDEN NAME

Catherine Chih

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Thomas F. Kresina 3617 Ramona Ave.18. 172X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Generalized Carcinomatosis  
DUE TO(B) Carcinoma, Uterus  
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 months  
Probably  
1 yr.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

June, 1953

Inoperable Carcinoma of body of uterus

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 15, 1952, to Oct. 21, 1952 that I last saw the deceased alive on Oct 21, 1952 and that death occurred at 10:28 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct 24, 1953

Most Holy Redeemer

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1953

Huntington Williams, M.D. Lilly &amp; Zeller, Inc. 403 S. Wolfe St.

VS 150

69042

0000

RECEIVED BY MAIL  
SECTION 110 100

0000





H-400  
9400BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9400

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARGARET ANN HEALEY

2. DATE  
OF  
DEATH

Oct. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2825 E. Madison St.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2825 E. Madison St.

C. Length of stay in Baltimore

life

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 5, 1878

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Engelbach

14. MOTHER'S MAIDEN NAME

Mary Ellen Sheehan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Headley, dght, 521 N. Potomac

18. 260X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis -

Oct 22/53

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

arterial hypertension -

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1953, to Oct 22, 1953, that I last saw the  
deceased alive on Oct 21, 1953, and that death occurred at 6:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Oct. 26, 1953

New Cathedral Cem.

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1953

Thurston's Funeral Home

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.



K-520  
3 9401BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9401

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GEORGE THEODORE KOENIG

2. DATE  
OF DEATH Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 506 N. Glover St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE Md.

C. CITY OR TOWN Baltimore

D. STREET ADDRESS (If rural, give location)

506 N. Glover St.

E. Length of stay in Baltimore

life

5. SEX male 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10B. KIND OF BUSINESS OR INDUSTRY Furnitures repairs

8. DATE OF BIRTH

Nov. 12, 1871

9. AGE (In years last birthday) 81

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT

ADDRESS

Mrs. Eva Kenney, 8404 Phila. Rd. Balto. Md.

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis 1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)Coronary insufficiency 10 years  
Arteriosclerosis

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/31, 1953, to 10/21, 1953 that I last saw the deceased alive on 10/2, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE

Oct. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 23 1953

Huntington St. Baltimore, Md.

Squimonek Funeral Home, Inc.  
2601-3-5 E. Madison St.

1000 22

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

NAME OF CHILDREN

NAME OF SIBLINGS

NAME OF PARENTS

NAME OF GRANDPARENTS

NAME OF GREAT-GRANDPARENTS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-536

9402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9402  
Registered No.

1. NAME OF DECEASED (Type or Print)		J. WILBUR ANDREWS		2. DATE OF DEATH Oct. 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution residence, before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3514 Clifton Ave.		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3514 Clifton Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 14, 1895	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Paper Co.		11. BIRTHPLACE (State or foreign country) W. Va.	
13. FATHER'S NAME David H. Andrews		14. MOTHER'S MAIDEN NAME Laura DeVilbiss			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-10-6929		17. INFORMANT ADDRESS Mrs. Gertrude Andrews-3514 Clifton Ave.	

18. 445X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Malignant Hypertension DUE TO ANTECEDENT CAUSES Essential Hypertension DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH 1 year 12 years	
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19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from June, 1963, to October, 1953, that I last saw the deceased alive on Oct. 22, 1953, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE George A. Robinson M. D.		23B. ADDRESS 1101 St. Paul St.		23C. DATE SIGNED Oct 23 '53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/26/53		24C. NAME OF CEMETERY OR CREMATORY Rest Haven Cem.	
24D. LOCATION (City, town, or county) Hagerstown, Md.					

DATE RECEIVED BY LOCAL REGISTRAR OCT 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		ADDRESS Baeto. 17, Md.	
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4904J

[Faint, mostly illegible text spanning the main body of the page, appearing to be a list or report with multiple lines of entries.]



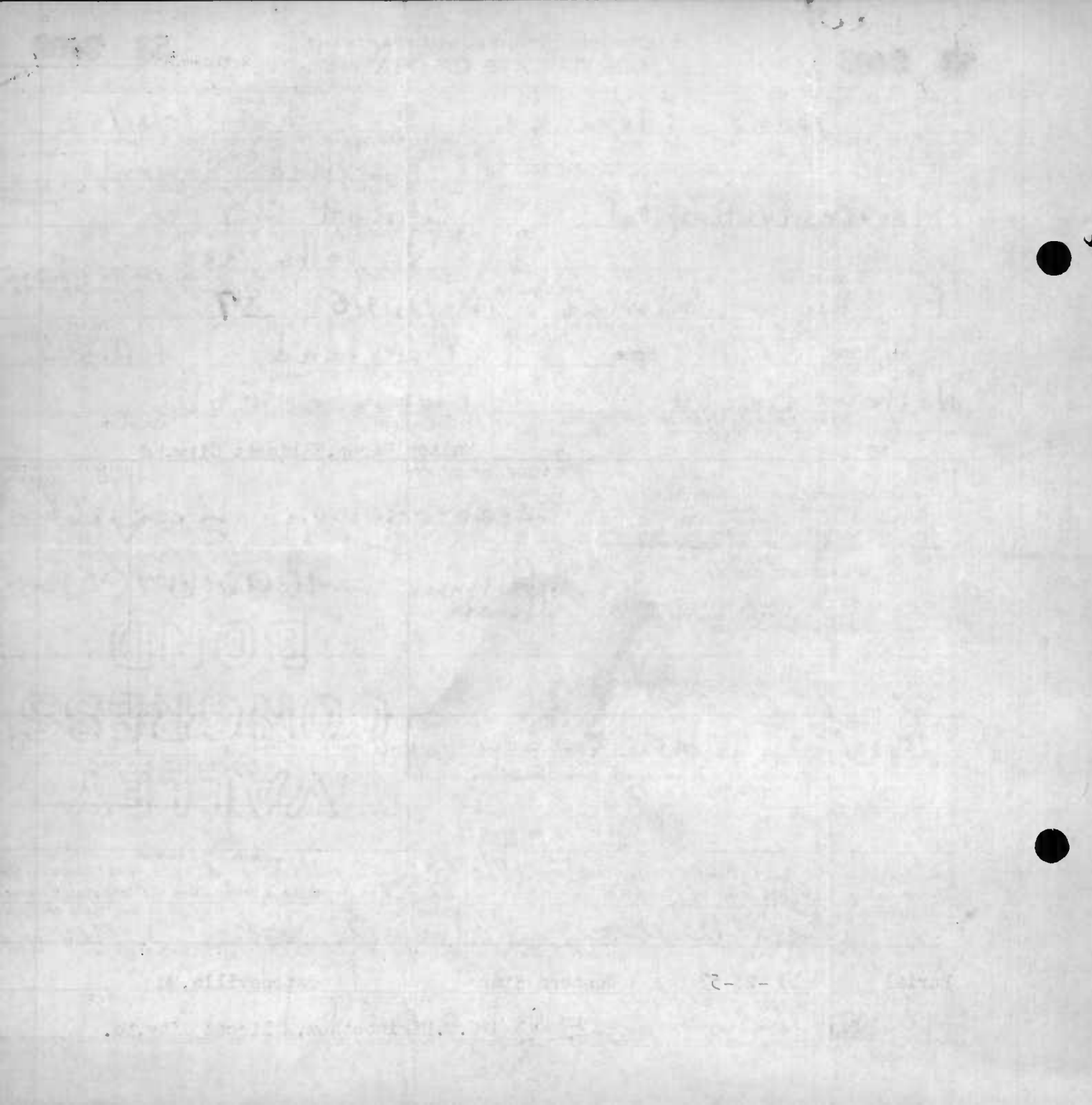
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9403

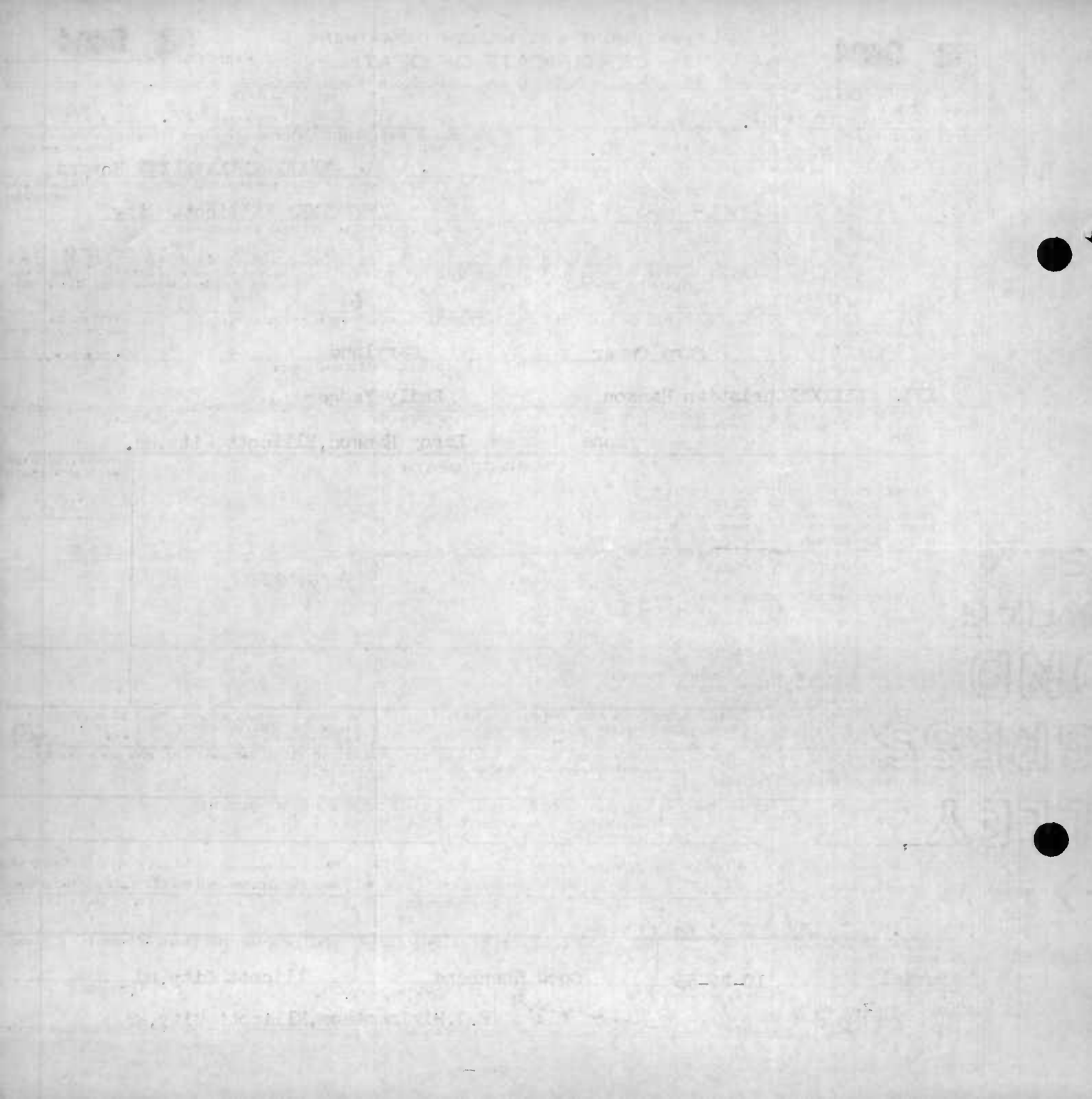
Y-520  
53 9403  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Young, Florence</b>		2. DATE OF DEATH <b>10/21/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Howard</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Ellicott City</b> <b>63-00</b>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>41 Fells Ave</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 1, 1916</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>37</b>
13. FATHER'S NAME <b>Walter Bacon</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>?</b>		14. MOTHER'S MAIDEN NAME <b>Florence Ebb</b>	
17. INFORMANT <b>Walter Bacon, Ellicott City, Md</b>		ADDRESS	
18. <b>443x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebro-vascular accident</b> DUE TO <b>Hypertensive cardiovascular disease</b> DUE TO <b>34rot</b>		INTERVAL BETWEEN ONSET AND DEATH <b>26 hrs</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>10/20/53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Trephine for decompression</b>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10/20/53</b> , 19 <b>53</b> , to <b>10/21/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/21/53</b> , 19 <b>53</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Karl W. Bauer</b>		23B. ADDRESS <b>University Hosp</b>	
23C. DATE SIGNED <b>10/21/53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-25-53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Western Star</b>		24D. LOCATION (City, town, or county) (State) <b>Catonsville, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 24 1953</b>		25. FUNERAL DIRECTOR <b>Huntington &amp; ... F.C. Higginbotham, Ellicott City, Md.</b>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 8404**

BIRTH NO. <b>53 8404</b>		1. NAME OF DECEASED (Type or Print) <b>ANDREW J. HANSON</b>		2. DATE OF DEATH <b>OCT. 23, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTO. MD.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>XXXXXXXXXXXXXXX Howard</b>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. AGNES HOSPITAL- CATON &amp; WILKENS</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>ELlicott City</b>			
c. Length of stay in Baltimore <b>88 Yrs. Mos. Days</b>		D. STREET ADDRESS (If rural, give location) <b>HIGH RIDGE ROAD, ELlicott City</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9/2/1865</b>	9. AGE (In years last birthday) <b>88</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
13. FATHER'S NAME <b>IX. XXXXXXXX Christian Hanson</b>		14. MOTHER'S MAIDEN NAME <b>Emily Yadger</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Eeroy Hanson, Ellicott City, Md.</b>	
18. <b>154X</b>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>CARDIAC FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-7:30/23</b>	
ANTECEDENT CAUSES		(B) <b>CA. RECTUM - SIGMOID</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>10/19/53</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>CA RECTUM - SIGMOID</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>10/23</b> , 19 <b>53</b> , and that death occurred at <b>7:30</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>F. MICHIEWSKI</b>		23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10-25-53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Good Shepherd</b>	
24D. LOCATION (City, town, or county) (State) <b>Ellicott City, Md</b>		25. FUNERAL DIRECTOR <b>F.C. Higinbotham</b>		ADDRESS <b>Ellicott City, Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 24 1953</b>		REGISTRAR'S SIGNATURE <b>Washington H. Williams</b>			
VS 150					



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-200 53 3405		BALTIMORE CITY HEALTH DEPARTMENT 05 CERTIFICATE OF DEATH		53 3405 Registered No.	
BIRTH NO. <i>Non Res - Fort Meade</i>		1. NAME OF DECEASED (Type or Print) <b>LOUIS PHILLIP</b>		2. DATE OF DEATH <b>October 20, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Provident Hospital</b>		D. STREET ADDRESS (If rural, give location) <b>1016 N. Mount Street</b>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>AUG. 16, 1953</b>	9. AGE (in years last birthday) <b>3</b>	10. UNDER 1 Year Months: Days <b>3</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
13. FATHER'S NAME <b>Phillip J. Lewis</b>		14. MOTHER'S MAIDEN NAME <b>Catherine R. Shackley</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Phillip Lewis 1016 N. Mount St.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>492x I Interstitial pneumonia</b>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (B) DUE TO		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE <i>William H. Williams</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	
23C. DATE SIGNED <b>Oct. 21, 1953</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/24/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Artulus Memorial</b>		24D. LOCATION (City, town, or county) (State) <b>Artulus Md.</b>		25. FUNERAL DIRECTOR <b>Mrs. Helen R. Williams</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>1953 10 24</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>322 N. [Address]</b>	

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2012 12



P-516  
53 9406BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9406  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNA M. PUMPHREY

2. DATE  
OF  
DEATH Oct. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

234 E. Cross St.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

234 E. Cross St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

Aug. 1, 1873

9. AGE (In years  
last birthday)

80

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

-- Bosley

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mr. C. Edgar Pumphrey-234 E. Cross St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)(A) Myocardial Insufficiency  
DUE TO

2 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Anterior-cerebral Cardio-vascular Disease  
DUE TO  
(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 51, 19, to Oct 22, 1953, that I last saw the  
deceased alive on Oct 23, 1953, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

L. M. Zimmerman

M. D.

23B. ADDRESS

2450 Harford Rd.

23C. DATE SIGNED

Oct 23

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24B. DATE

10/26/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickner &amp; Sons

Balto. 17, Md.

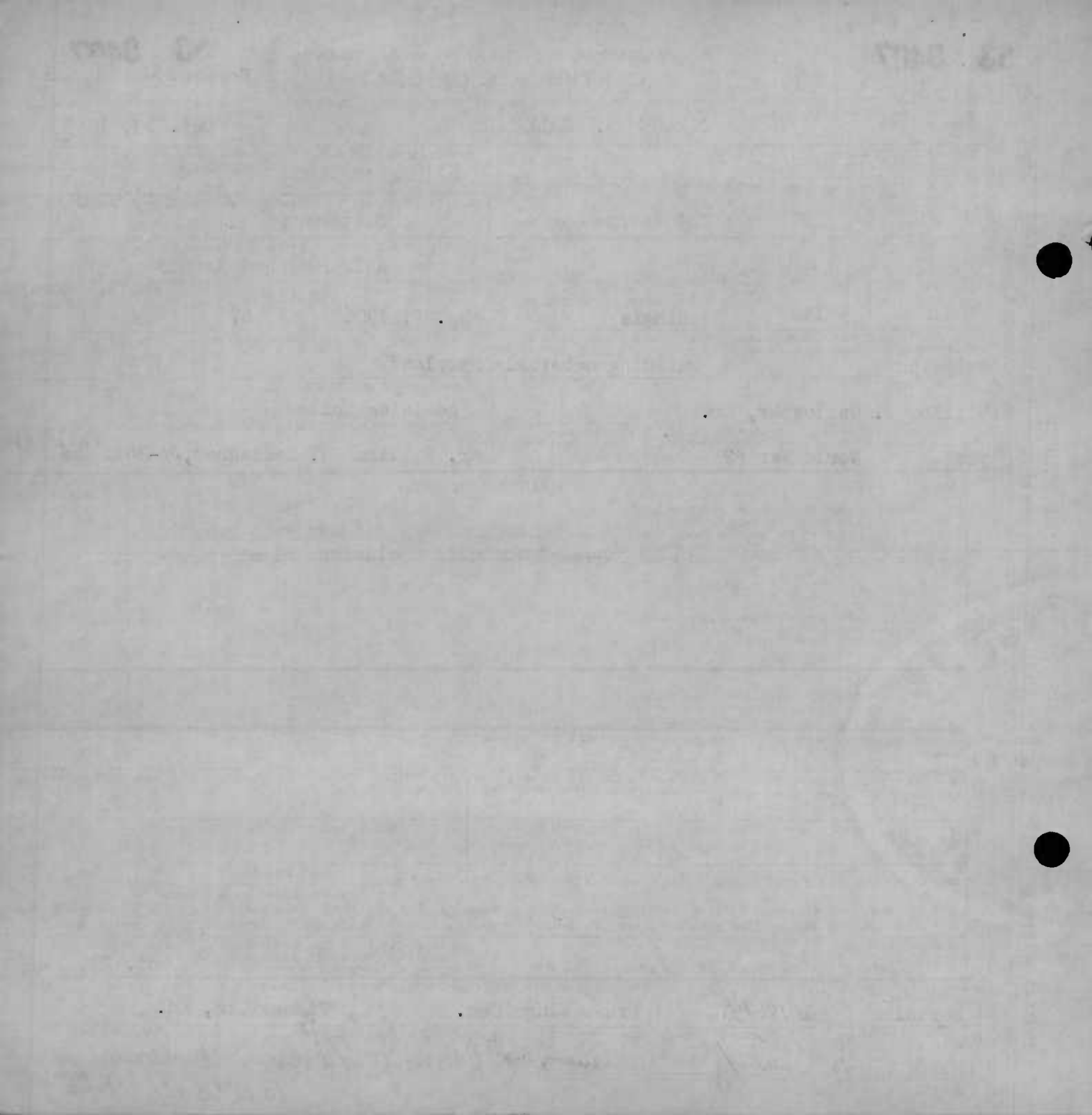
2018 02

2018 02



G-426  
53 3407BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 3407  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		GEORGE R. GALLAGHER		Oct. 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4212 Penhurst Avenue		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4212 Penhurst Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 2, 1906	9. AGE (In years last birthday) 47	11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY building materials		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William V. Gallagher, Sr.		14. MOTHER'S MAIDEN NAME Adelaide Tolle			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. World War #2		17. INFORMANT ADDRESS Mr. William V. Gallagher, Jr-3911 Falls Pkwy Gwynns	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery disease with recent thrombotic occlusion, right		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph P. Jakubczyk M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Oct. 23, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/26/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.					
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR J. J. Tiekner & Sons	
VS 151		49032		Bolto 17, Md.	



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53 9408

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9408

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

5531 Bosworth Ave.

6. Length of stay in Baltimore

30

7. SEX

Male

8. COLOR OR RACE

White

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of  
work done, most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Roofing

11. FATHER'S NAME

Francis W. Lawrence, Jr.

12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

13. SOCIAL  
SECURITY NO.

-

2. DATE  
OF  
DEATH

Oct. 23, 1953

4. USUAL RESIDENCE (Where deceased lived. If institution, residence  
before admission)

A. STATE Md.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give  
township)

Baltimore 28-04

D. STREET ADDRESS (If rural, give location)

5531 Bosworth Ave.

8. DATE OF BIRTH

Sept. 26, 1883

9. AGE (In years  
last birthday)

71

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Ann Sylvia Adley

17. INFORMANT

Mr. J. D. Brown - 5531 Bosworth Ave.

ADDRESS

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.(A) Cardiovascular disease  
advanced atherosclerosis  
enlarged heart  
(B) Coronary insufficiency

DUE TO

(C) Acute nephritis - uremia

INTERVAL BETWEEN  
ONSET AND DEATH

about 67 hr

about 4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1953 to Oct 23, 1953 that I last saw the  
deceased alive on Oct 22, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus S. Kibler

M. D.

23B. ADDRESS

2220 Garrison Blvd

23C. DATE SIGNED

Oct 23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-26-53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Luther W. Knight, Sykesville, Md.

ADDRESS

VS 150

58124 Luther W. Knight

0000

DATE OF BIRTH  
DATE OF DEATH

0000

NAME





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Michael Zachok

2. DATE  
OF  
DEATH

10/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

DUNDALK

53-53

D. STREET ADDRESS (If rural, give location)

107 Woodland Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/11/90

9. AGE (In years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Millwright

10B. KIND OF BUSINESS OR  
INDUSTRY

Steel Mill

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. June Zachok - 107 Woodland

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Bronchiogenic Carcinoma

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about house, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21/53, 19\_\_, to 10/22/53, 19\_\_, that I last saw the deceased alive on 10/22/53, and that death occurred at 3A. m. from the causes and on the date stated above.

23A. SIGNATURE

Donald Benner Jensen

M. D.

23B. ADDRESS

1213 Light St

23C. DATE SIGNED

10/22/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/26/53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Dundalk, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Which Funeral Home - Dundalk.

ADDRESS

2112

OCT 24 1953

VS 150

5603A

1942

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M-625

10

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9410

Registered No.

53 3410

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary E. Morrison</i>			2. DATE OF DEATH <i>10/23/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>18-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1226 W. Lombard St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1226 W. Lombard</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>12/24/1891</i>		9. AGE (In years last birthday) <i>61</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Book Keeper</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>O'Neill &amp; Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
13. FATHER'S NAME <i>James T. Morrison</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Nixon</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr. Frank Morrison</i>
18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH (A) <i>Cerebral Hemorrhage, auricular fibrillation</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) _____  INTERVAL BETWEEN ONSET AND DEATH <i>2 to 3 days</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10/27/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 1952</i> to <i>Oct. 23, 1953</i> that I last saw the deceased alive on <i>Oct. 23, 1953</i> and that death occurred at <i>10 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Clarence J. Shuman</i>		23B. ADDRESS <i>1945 W. Balto. St.</i>		23C. DATE SIGNED <i>10-24-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/27/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Catholic Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd.</i>		24E. FUNERAL DIRECTOR <i>John J. Cowan &amp; Son</i>		24F. ADDRESS <i>Hallers</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 24 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>John J. Cowan &amp; Son</i>	

ACTIVE

100



H 555		CERTIFICATE CORRECTED		10-27-53	
53 9411		BALTIMORE CITY HEALTH DEPARTMENT		53 9411	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
MR. Henry Jacob Heineman			OCT 23-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5440 Belair Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2509 Southern Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 5-1868	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman			11. BIRTHPLACE (State or foreign country) BALTIMORE, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Heineman			14. MOTHER'S MAIDEN NAME Baliz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Karl J. Heineman - Southern	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 I Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Extensive atherosclerotic changes DUE TO Vascular Disease (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 6 Years	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945, 19, to 10-23-53, 19, that I last saw the deceased alive on 10-23-, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE L. W. Pucke		23B. ADDRESS M. D. 4508 Harford Road		23C. DATE SIGNED 10-24-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-27-1953		24C. NAME OF CEMETERY OR CREMATORY TRINITY Cem.	
24D. LOCATION (City, town, or county) (State) BALTO Md.		24E. NAME OF CEMETERY OR CREMATORY BALTO Md.		24F. LOCATION (City, town, or county) (State) BALTO Md.	
DATE RECEIVED BY LOCAL REGISTRAR OCT 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Ruck 5305 Harford	

1110 00

1110 00

2ake



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

DANIEL De Simone

2. DATE  
OF  
DEATH

Oct. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY

Maryland

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (not in hospital or institution, give street address or  
location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2710 Grindon Avenue

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 3-1953

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days  
3 2010A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE-Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph De SIMONE

14. MOTHER'S MAIDEN NAME

CARMELA IENACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Father

ADDRESS

SAME

18.

492X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

(C) .....

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Joseph A. Jashinski

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Oct. 23, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/24/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Leonard J. Luck

25. FUNERAL DIRECTOR

ADDRESS

5305 Harford Rd

VS 151

al

3110

SIN

T-514  
53 9413BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9413  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John C Temple SR

2. DATE  
OF  
DEATH

October 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
B. COUNTY before admission)B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10-4-87

9. AGE (in years  
last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS 4214

Mr. John C. Temple JR - Seidel

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1953, to 10-23, 1953 that I last saw the  
deceased alive on 10-23, 1953, and that death occurred at 8:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Elrudy

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10-24-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10-27-53

24C. NAME OF CEMETERY OR CREMATORY

Norfolk Va.

24D. LOCATION (City, town, or county)

Norfolk VA

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 24 1953

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Donald J. Luck

ADDRESS

5305 Harford

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

B-630  
53 3414BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 3414  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Martin L Barrett

2. DATE  
OF  
DEATH

Oct 23-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4018 W. Garrison Ave

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

6-

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

watchman

10B. KIND OF BUSINESS OR  
INDUSTRY

Larax Bros

13. FATHER'S NAME

Henry C Barrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

212-20-0424

17. INFORMANT

ADDRESS

Mr Leo Barrett 4018 W Garrison Ave

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Cormary Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

few minutes

## ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerotic Heart Disease

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

1952 to 10-23-1953 that I last saw the

deceased alive on 10-9-1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

A. A. Jussman M.D.

23B. ADDRESS

1109 N. Calvert St

23C. DATE SIGNED

10-24-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/26/53

24C. NAME OF CEMETERY OR CREMATORY

Harmeny Meth Cem

24D. LOCATION (City, town, or county)

Port Deposit

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

FUNERAL DIRECTOR

Lardache Funeral Home

ADDRESS

740/ Balair Rd

Dr Sussman

1109 N Calvert St

Box 9-6065



B-635

53 9415

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9415  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MAMIE W. BURTON

2. DATE  
OF  
DEATH

Oct. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3305 E. Pratt Street

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 16, 1871

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR  
INDUSTRY

own home

13. FATHER'S NAME

John H. Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)Yes, no or (unknown)  
no16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Mr. John Wagner, 3002 Lavender Ave. 14

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

v. ym.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Dec 22, 1951, to Oct 23, 1953, that I last saw the  
deceased alive on Oct 21, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

Oct. 25, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Lutheran Church Cemetery

24D. LOCATION (City, town, or county)

Parkville, Maryland.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

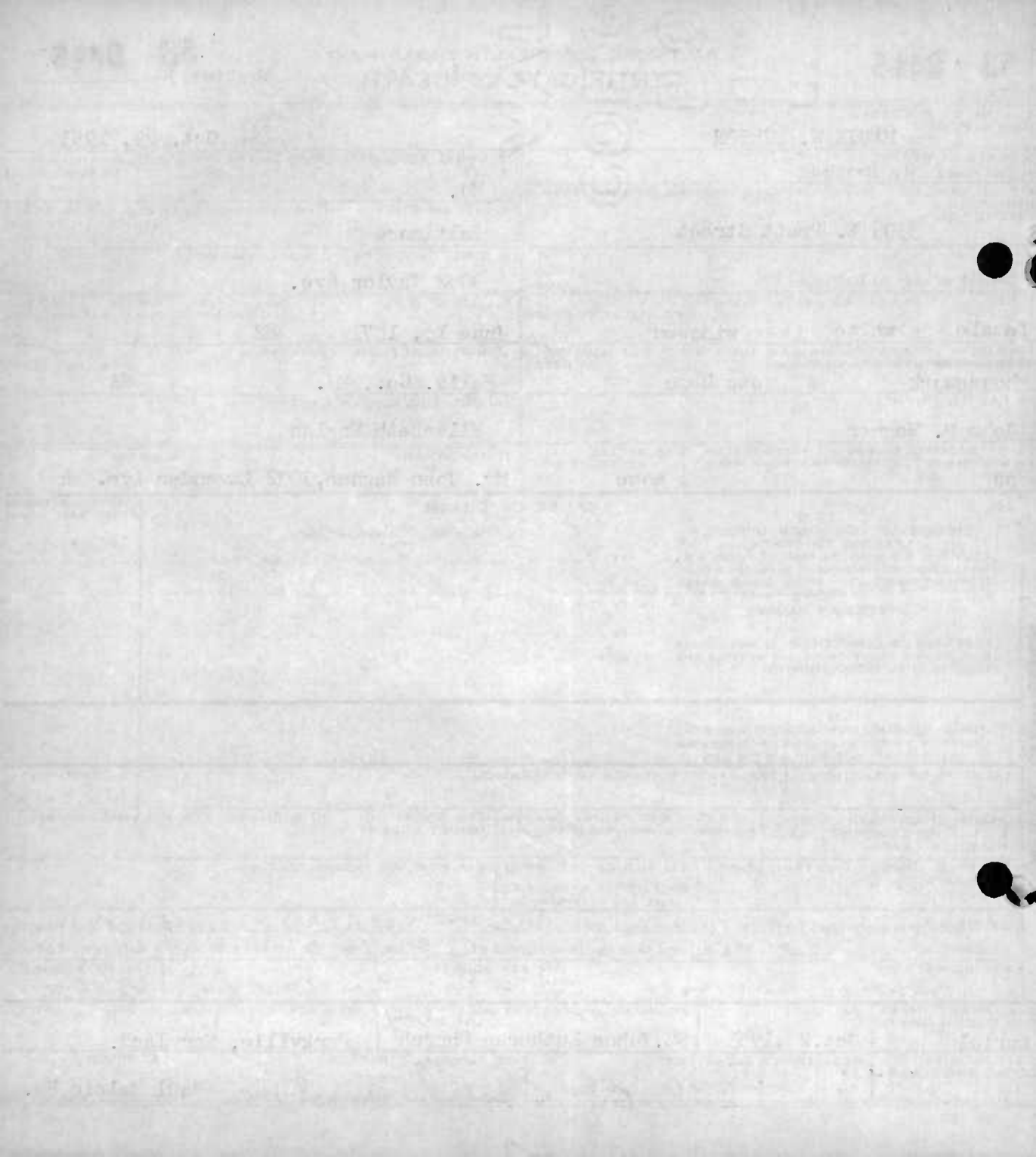
25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1953

Huntington Williams, M.D. &amp; Son Funeral Home

7401 Belair Rd.



L-500

16

53 9416

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9416

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDITH LANE

2. DATE  
OF  
DEATH

10/23/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

c. Length of stay in Baltimore

43

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

WAITRESS

10b. KIND OF BUSINESS OR  
INDUSTRY

RESTAURANT

13. FATHER'S NAME

HARRY GRACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

(If yes, give war or dates of service)

NONE

16. SOCIAL  
SECURITY NO.

5

8. DATE OF BIRTH

1-15-10

9. AGE (In years  
last birthday)

43

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Virginia H. TITON

17. INFORMANT

ADDRESS

Dorothy Hissey 4023 Hilton Road

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) PORTAL CIRRHOSIS

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1953, to 10/23, 1953, that I last saw the  
deceased alive on 10/23, 1953, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE

William A. Pillsbury

M. O.

23b. ADDRESS

Bon Secours Hosp.

23c. DATE SIGNED

10/23/53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

10-27-53

24c. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24d. LOCATION (City, town, or county)

BALTIMORE MD.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

George L. Schaub 2101 Frederick Ave.

VS 150

78464

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

NY 100

W

D-465

17

53 9417

53 9417

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

96298 53-26000

1. NAME OF DECEASED  
(Type or Print)

Charles Philip Uhlhorn - 3rd

2. DATE  
OF  
DEATH

10-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

Yrs.  
Mos.  
Days  
11

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 19, 1953

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Newborn

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Charles Philip Uhlhorn Jr.

14. MOTHER'S MAIDEN NAME

Ursula Mae Callis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)

No None

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

Mother

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Congenital Atresia Esophagus, congenital

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Tracheo-Esophageal Fistula, congenital

DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/22/53

19B. MAJOR FINDINGS OF OPERATION

Atresia of esophagus, cong. Tracheo-esophageal

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19/1953 to 10/24/1953, that I last saw the  
deceased alive on 10/24/1953, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

10/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

10-24-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTIMORE, MD

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 24 1953

Huntington Williams, Jr.

George L. Schwab 2101 Frederick Ave.

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W-425

18

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9418

Registered No.

53 9418

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank Wilson

2. DATE  
OF  
DEATH

Oct. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oct 2

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

md.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1604 Miller St

c. Length of stay in Baltimore

4040

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-8-1893

9. AGE (In years  
last birthday)

60

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 023X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TO

Aortic insufficiency

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

Syphilis

(C) ...

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1953 to 10/17, 1953 that I last saw the  
deceased alive on 10/17, 1953 and that death occurred at 11:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Henry N. Wagner Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

10/24/53

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

10-24-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Em C. R. Co

24D. LOCATION (City, town, or county)

(State)

md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1. The first part of the report is a general introduction to the project.

2. The second part of the report is a detailed description of the methodology used.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and recommendations.

5. The fifth part of the report is a list of references.

6. The sixth part of the report is a list of appendices.

7. The seventh part of the report is a list of figures and tables.

8. The eighth part of the report is a list of footnotes.

9. The ninth part of the report is a list of acknowledgments.

10. The tenth part of the report is a list of abbreviations.

11. The eleventh part of the report is a list of symbols.

12. The twelfth part of the report is a list of units.

13. The thirteenth part of the report is a list of definitions.

W-325

53 9419

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9419

BIRTH NO.				1. NAME OF DECEASED (Type or Print) <i>Hugh Watson</i>				2. DATE OF DEATH <i>Oct. 23, 1953</i>			
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Baltimore</i>				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>26-09</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Monte Bello Hospital</i>				D. STREET ADDRESS (If rural, give location) <i>804 S. Conkling St.</i>				E. Length of stay in Baltimore <i>less than 1 mo. in Balt.</i>			
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>		8. DATE OF BIRTH <i>Nov. 25, 1890</i>		9. AGE (In years last birthday) <i>62</i>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unknown</i>				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				13. FATHER'S NAME <i>Hugh Watson</i>				14. MOTHER'S MAIDEN NAME <i>Bettie Burke</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>cent.</i>				16. SOCIAL SECURITY NO. <i>cent.</i>				17. INFORMANT <i>Hospital</i>			
18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Diabetes Mellitus</i> ANTECEDENT CAUSES DUE TO (B) _____ DUE TO (C) _____				CAUSE OF DEATH <i>Diabetes Mellitus</i>				INTERVAL BETWEEN ONSET AND DEATH <i>26 yrs.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Arterio-sclerotic Heart Disease</i> <i>Bronchial Asthma. Pul. Fibrosis</i>								<i>unknown</i>			
19A. DATE OF OPERATION <i>0</i>				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <i>Oct. 13</i> , 1953 to <i>Oct. 23</i> , 1953, that I last saw the deceased alive on <i>Oct. 23</i> , 1953, and that death occurred at <i>3:45 P.M.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Daniel Rai</i>				23B. ADDRESS <i>Monte Bello Hospital Balt.</i>				23C. DATE SIGNED <i>Oct. 23, 1953</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>				24B. DATE <i>10/26/53</i>				24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>			
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>				25. FUNERAL DIRECTOR <i>John A. Moran</i>				ADDRESS <i>3000 E. Balto. St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 24 1953</i>				REGISTRAR'S SIGNATURE <i>Huntington Williams</i>				VS 150			

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register No. \_\_\_\_\_

1. NAME OF DECEASED Last, first, middle initial		2. SEX Male Female	
3. AGE Years months days		4. DATE OF BIRTH Month day year	
5. STREET ADDRESS City, State, Zip		6. OCCUPATION	
7. CAUSE OF DEATH Immediate		8. MANNER OF DEATH Natural Accidental Suicide Undetermined	
9. SIGNATURE OF PHYSICIAN		10. SIGNATURE OF REGISTRAR	
11. DATE OF DEATH		12. TIME OF DEATH	
13. PLACE OF DEATH		14. SIGNATURE OF WITNESS	

## CAUSE OF DEATH

1. Immediate Cause		2. Intermediate Cause		3. Remote Cause	
4. Contributing Cause		5. Manner of Death		6. Date of Death	
7. Signature of Physician		8. Signature of Registrar		9. Date of Death	
10. Signature of Witness		11. Signature of Coroner		12. Date of Death	
13. Signature of Medical Examiner		14. Signature of Pathologist		15. Date of Death	
16. Signature of Forensic Pathologist		17. Signature of Toxicologist		18. Date of Death	
19. Signature of Anatomical Pathologist		20. Signature of Clinical Pathologist		21. Date of Death	
22. Signature of Radiologist		23. Signature of Laboratory Director		24. Date of Death	
25. Signature of Hospital Administrator		26. Signature of Medical Staff		27. Date of Death	
28. Signature of Nursing Staff		29. Signature of Pharmacy		30. Date of Death	
31. Signature of Dietary		32. Signature of Laundry		33. Date of Death	
34. Signature of Janitorial Staff		35. Signature of Security		36. Date of Death	
37. Signature of Maintenance		38. Signature of Engineering		39. Date of Death	
40. Signature of Facilities Management		41. Signature of Environmental Health		42. Date of Death	
43. Signature of Public Health		44. Signature of Social Services		45. Date of Death	
46. Signature of Case Management		47. Signature of Patient Education		48. Date of Death	
49. Signature of Quality Improvement		50. Signature of Research		51. Date of Death	
52. Signature of Clinical Research		53. Signature of Epidemiology		54. Date of Death	
55. Signature of Biostatistics		56. Signature of Health Services Research		57. Date of Death	
58. Signature of Health Policy		59. Signature of Health Law		60. Date of Death	
61. Signature of Health Economics		62. Signature of Health Equity		63. Date of Death	
64. Signature of Health Communication		65. Signature of Health Promotion		66. Date of Death	
67. Signature of Health Behavior		68. Signature of Health Systems		69. Date of Death	
70. Signature of Health Informatics		71. Signature of Health Data		72. Date of Death	
73. Signature of Health Information Systems		74. Signature of Health Information Management		75. Date of Death	
76. Signature of Health Information Technology		77. Signature of Health Information Security		78. Date of Death	
79. Signature of Health Information Privacy		80. Signature of Health Information Access		81. Date of Death	
82. Signature of Health Information Interoperability		83. Signature of Health Information Exchange		84. Date of Death	
85. Signature of Health Information Integration		86. Signature of Health Information Collaboration		87. Date of Death	
88. Signature of Health Information Partnership		89. Signature of Health Information Leadership		90. Date of Death	
91. Signature of Health Information Vision		92. Signature of Health Information Mission		93. Date of Death	
94. Signature of Health Information Values		95. Signature of Health Information Principles		96. Date of Death	
97. Signature of Health Information Standards		98. Signature of Health Information Best Practices		99. Date of Death	
100. Signature of Health Information Continuous Improvement		101. Signature of Health Information Innovation		102. Date of Death	

A-630

53 9420

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9420

BIRTH NO. <i>Non Res.</i>		1. NAME OF DECEASED (Type or Print) <i>Douma Arrowood</i>		2. DATE OF DEATH <i>Oct 24 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Ped. HLH 4E.</i>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>S.C.</i>		B. COUNTY <i>Greenville</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Greenville</i>		D. STREET ADDRESS (If rural, give location) <i>121 Webster St</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH <i>5-14-'53</i>		9. AGE (In years, last birthday) <i>50</i>	
E. SEX <i>Female</i>		G. COLOR OR RACE <i>White</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Greenville South Carolina</i>	
13. FATHER'S NAME <i>Herman Arrowood</i>		14. MOTHER'S MAIDEN NAME <i>Vera Neal</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CAUSE OF DEATH</i> <i>Congenital heart disease</i>		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>? Transposition of the great vessels</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>10-20-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-20-</i> , 19 <i>53</i> , to <i>10-24-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10-24-</i> , 19 <i>53</i> , and that death occurred at <i>10:25 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Margaret D Bailey</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10/24/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Oct. 27, 53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Greenville S. Carolina</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Memorial</i>		24F. LOCATION (City, town, or county) (State) <i>Greenville S. Carolina</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 25 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Henry Sander &amp; Sons Inc. Baltimore Maryland</i>	

ATTACH TO STATE REPORT

1704 1000

WATER

1000 1000

A



53 9421

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9421

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AMELIA HAMMERMAN

2. DATE  
OF  
DEATH

10-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

212 Stoney Road Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-38

C. Length of stay in Baltimore

70 Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3700 Springdale Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

88

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

house wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Romania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Israel Ornstein

14. MOTHER'S MAIDEN NAME

Marion

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

A. Hammerman - 16 Park Ave

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

24 hours

ANTECEDENT CAUSES

(B)

General arterio-sclerosis

3 years

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Oct 23, 1953, that I last saw the deceased alive on Oct 23, 1952, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Meyer M. D.

23B. ADDRESS

The Explorator

23C. DATE SIGNED

10/23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

10-25-53

Arlington

Balto Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 25 1953

Huntington Williams

3100 Eutan Rd



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-2000  
53 9422

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9422  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SAMUEL LASH

(LASH)

2. DATE OF DEATH Oct. 21, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

Wentworth Arms Apartments

c. Length of stay in Baltimore

70

Yrs.

Mo. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years and birthday)

73

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Phillip

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Raymond Freedman 3102 Chelsea Terrace

18.

4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER ☒ Oct. 22, 1953

MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-25-53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county) (State)

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

OCT 25 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Hyman Lewin

ADDRESS

2100 Eutan Pl

SSAC

17

SSAC

17

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

53 9428  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Ruth Metzger Marcus</i>			2. DATE OF DEATH <i>10-24-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>4010 Chatham Rd.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-10</i>		
C. Length of stay in Baltimore <i>36 years</i>			D. STREET ADDRESS (If rural, give location) <i>4010 Chatham Rd.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov 20, 1898</i>		9. AGE (in years last birthday) <i>54</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Newark, N.J.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Abraham Metzger</i>			14. MOTHER'S MAIDEN NAME <i>Matilda Feist</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mr. Melvin D. Marcus - 4010 Chatham Rd.</i>		

18. <i>180X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH  (A) <i>Hypertrophie of kidney with metastases to lung and liver</i> DUE TO  (B) _____ DUE TO  (C) _____	INTERVAL BETWEEN ONSET AND DEATH  <i>2 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1953</i> to <i>Oct 24, 1953</i> that I last saw the deceased alive on <i>Oct 24, 1953</i> , and that death occurred at <i>12:05 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. K. ...</i>		23B. ADDRESS <i>1037 N. ... St.</i>		23C. DATE SIGNED <i>10-24-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/24/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Friendship</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>H. ...</i>	25. FUNERAL DIRECTOR ADDRESS <i>Gold ... St. ...</i>		





53 9424

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9424  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Sol Washnitzer</b>			2. DATE OF DEATH <b>OCT 25 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Oslar - 5</b>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>N.Y.</b> B. COUNTY <b>W-39</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Brooklyn</b>		
c. Length of stay in Baltimore <b>2 weeks</b>			D. STREET ADDRESS (If rural, give location) <b>961 Eastern Pky.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>4-17-05</b>	9. AGE (In years last birthday) <b>48</b>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Clerk</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>		
11. BIRTHPLACE (State or foreign country) <b>Newark, N.J.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Joseph Washnitzer Austria</b>			14. MOTHER'S MAIDEN NAME <b>Ella Townsend Austria</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>			ADDRESS <b>Mrs Evelyn Washnitzer</b>		

18. <b>470.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction</b>	CAUSE OF DEATH <b>Myocardial Infarction</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
ANTECEDENT CAUSES <b>Arterio Sclerosis</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-19-53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-19-1953</b> to <b>10-25-1953</b> that I last saw the deceased alive on <b>10-25-1953</b> , and that death occurred at <b>12:00 A.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Lawrence L. Chell</b>	M. D.	23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	23C. DATE SIGNED <b>10/25/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>	24B. DATE <b>10/25/53</b>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <b>Brooklyn, N.Y.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 25 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. A. Brown &amp; Bros</b>	ADDRESS <b>1126 North Ave</b>

1. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved. The second part of the report is a detailed description of the methods used in the study. This includes a description of the experimental design, the data collection procedures, and the statistical methods used to analyze the data. The third part of the report is a discussion of the results of the study. This includes a description of the findings, a comparison of the results with previous studies, and a discussion of the implications of the findings. The final part of the report is a conclusion and a list of references.

G-623

53 9425

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9425  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE OF DEATH  
Oct. 24, 19533. PLACE OF DEATH: 37 Mayfair Hotel  
A. Baltimore City, MarylandUSUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
STATEB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR IN INSTITUTION  
1320 N. Charles St Baltimore Md.C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)  
Baltimore Md.C. Length of stay in Baltimore  
2 MosD. STREET ADDRESS (If rural, give location)  
1320 N. Charles Street5. SEX Female  
6. COLOR OR RACE White  
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed8. DATE OF BIRTH  
9. AGE (In years last birthday) About 61  
If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
Joseph H. Sanner14. MOTHER'S MAIDEN NAME  
Emma C. Sanner15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Miss Edith M. Geraghty 1320 N. Charles St  
Mayfair Hotel18. 422.1 and 480x  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  
1. Cardiovascular Disease  
2. to Myocardial Infarction  
4 day

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

## ANTECEDENT CAUSES

(B) DUE TO  
(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 21, 1953, to Oct. 24, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

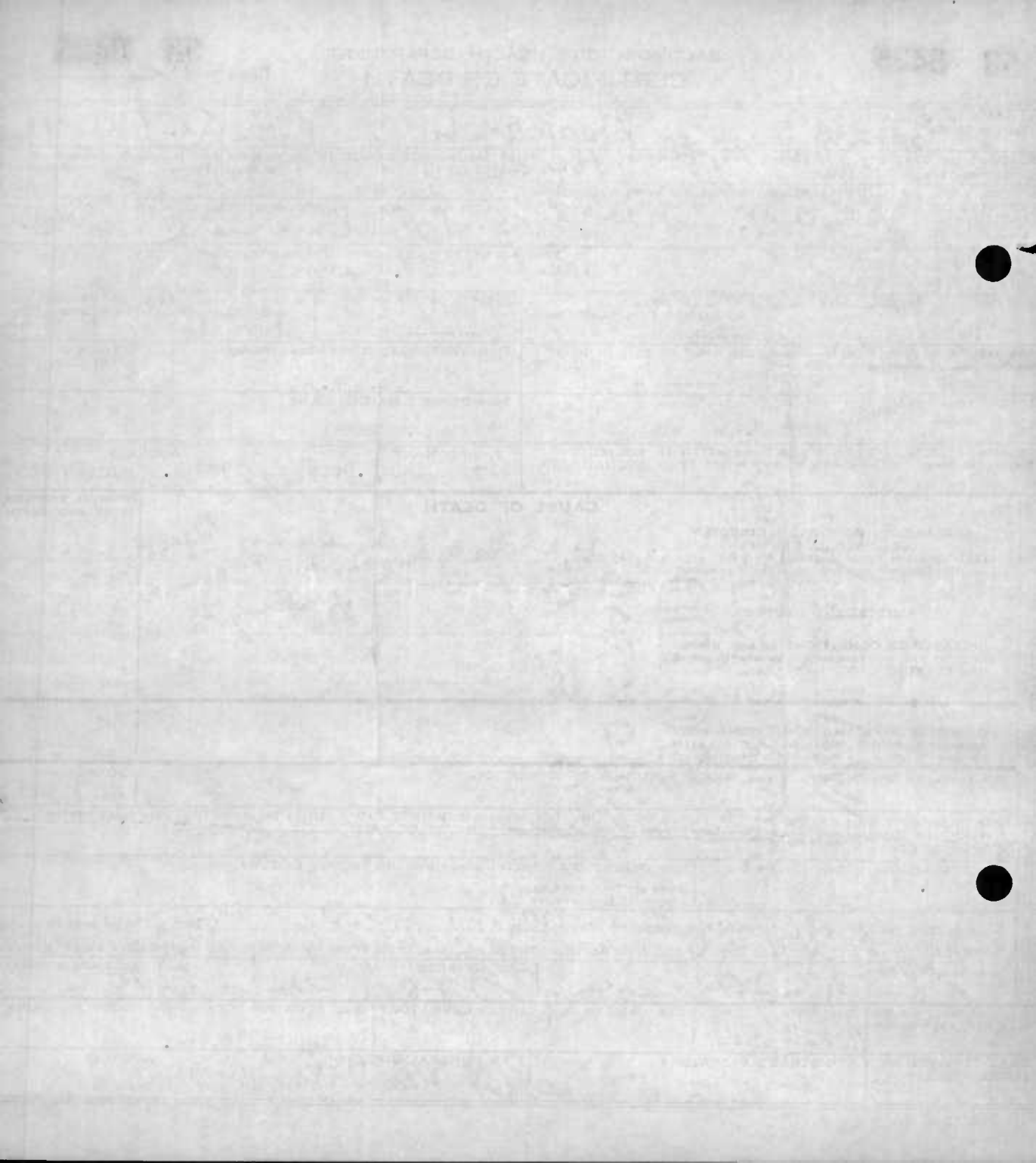
23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial24B. DATE  
Oct 24, 195324C. NAME OF CEMETERY OR CREMATORY  
Druid Ridge24D. LOCATION (City, town or county)  
Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR  
OCT 25 1953REGISTRAR'S SIGNATURE  
Huntington White25. FUNERAL DIRECTOR  
W. W. WearsADDRESS  
Sow 805 N Calvert St



53 9426

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9426

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ERNEST M. COLLINS

2. DATE  
OF  
DEATH

Oct. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2206 N. Calvert St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2206 N. Calvert St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 31, 1888

9. AGE (In years  
last birthday)

64

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Wood Collins

14. MOTHER'S MAIDEN NAME

Julia Dameron

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Georgia Collins-2206 N. Calvert St.

18.

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Coronary Artery Disease

DUE TO

10 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1948, to Oct. 24, 1953, that I last saw the deceased alive on Oct. 24, 1953, and that death occurred at 3:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Frank N. Giddens

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

Oct. 24, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

10/27/53

24C. NAME OF CEMETERY OR CREMATORY

River View Cem.

24D. LOCATION (City, town, or county)

Charlottesville, Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 25 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Dickens &amp; Sons

VS 150

Barto 17, Md.

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53 9427

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9427

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNETTE KAUFMANN

2. DATE  
OF DEATH Oct. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2802 Elsinor Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-38

D. STREET ADDRESS (If rural, give location)

2802 Elsinor Ave.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

Apr. 19, 1875

9. AGE (In years  
last birthday)

78

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Housewife10B. KIND OF BUSINESS OR  
INDUSTRY  
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Goldsmith

14. MOTHER'S MAIDEN NAME

- Auerbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mr. Norman Kaufmann-2802 Elsinor Ave.

18.

331X1

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1953 to 10/24, 1953, that I last saw the  
deceased alive on 10/24, 1953 and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

G. H. Hornstein

23B. ADDRESS

204 E. Beale St

23C. DATE SIGNED

10/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/25/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 25 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. J. Dickner &amp; Sons

ADDRESS

Balto. 17, Md.

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53-9428-5-416  
53-9428-5-416  
53-22231BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9428  
Registered No.

BIRTH NO. 53-22231

1. NAME OF DECEASED (Type or Print) <i>Booy Boy SILBERT</i>		2. DATE OF DEATH <i>10/7/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>UNIVERSITY HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 15-11</i>	
c. Length of stay in Baltimore <i>1 Yrs. 1 Mos. 5 Days</i>		D. STREET ADDRESS (If rural, give location) <i>3635 WASHINGTON AV.</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8/31/53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CHILD</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>1</i> H Under 1 Year Months: Days H Under 24 Hours Hours Min.
13. FATHER'S NAME <i>STANLEY</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>BETTY C. UNGER</i>	
17. INFORMANT <i>FATHER</i>		ADDRESS	

18. <i>759.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>JUBARACANOID Hemorrhage</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>12 HRS (1)</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>MULTIPLE CONGENITAL AND MACIOS</i>		(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>PROMATURY</i>		(C)		
19A. DATE OF OPERATION <i>10/7/53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>8/31/53</i> , 19__, to <i>10/7/53</i> , 19__, that I last saw the deceased alive on <i>10/7/53</i> , 19__, and that death occurred at <i>11:30</i> p. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Raymond L. Beaman</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>10/11/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
24B. DATE <i>OCT 19, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 25 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS

1942 12

UNITED STATES DEPARTMENT OF THE INTERIOR

1942 12

(Continued)

UNITED STATES DEPARTMENT OF THE INTERIOR

UNITED STATES DEPARTMENT OF THE INTERIOR

U.S.A.

1942-1943

1942-1943

1942-1943

1942-1943

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9429****53 9429**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**Paul G. Tomko**2. DATE  
OFDEATH **Oct. 22, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE

**Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION**Pine Ridge Nursery**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)**Baltimore****1-03**

D. STREET ADDRESS (If rural, give location)

**2525 Eastern Avenue**

c. Length of stay in Baltimore

**40 Years**Yrs.  
Mos.  
Days

5. SEX

**Male**

6. COLOR OR RACE

**White**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
**Single**

8. DATE OF BIRTH

**Dec. 31, 1895**9. AGE (In years  
last birthday)**57**If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
**Tool & Die Maker**10B. KIND OF BUSINESS OR  
INDUSTRY  
**West. El. Co.**

11. BIRTHPLACE (State or foreign country)

**New Jersey**12. CITIZEN OF  
WHAT COUNTRY?  
**U.S.A.**

13. FATHER'S NAME

**John Tomko**

14. MOTHER'S MAIDEN NAME

**Mary Tutko**15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
**No**16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
**Andrew Tomko, 255 S. Robinson Street**

18.

**443X I**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 21**, 19**53**, to **Oct. 22**, 19**53**, that I last saw the  
deceased alive on **Oct. 22**, 19**53**, and that death occurred at **2:45** a.m., from the causes and on the date stated above.

23A. SIGNATURE

**Andrew Tomko**

M. O.

23B. ADDRESS

**2525 Eastern Ave.**

23C. DATE SIGNED

**10-23-53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
**Burial**

24B. DATE

**Oct. 26, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer**

24D. LOCATION (City, town, or county) (State)

**Baltimore 6, Md.**DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Frank Vach & Son, 900 N. Chester St.**

ADDRESS

**OCT 25 1953**  
VS 150

23 2000

23 2000



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 9430**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Vitek Mrs Mary Sophia**

2. DATE  
OF  
DEATH

**Oct 23, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

**Balto Md**

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

**St Josephs Hospital**

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

**female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**married**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

**Maryland**

B. COUNTY

**Balto**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

**Baltimore**

D. STREET ADDRESS (If rural, give location)

**724 N. Collington Ave #5**

5. SEX

**female**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

**married**

8. DATE OF BIRTH

**Sept 22, 1887**

9. AGE (In years last birthday)

**66**

If Under 1 Year  
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Hwfe**

10B. KIND OF BUSINESS OR INDUSTRY

**Own home**

11. BIRTHPLACE (State or foreign country)

**Baltimore, Md.**

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

**Joseph Pincas**

14. MOTHER'S MAIDEN NAME

**Josephine Hanus**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

**None**

17. INFORMANT

ADDRESS

**Joseph Vitek, 724 N. Collington Ave.**

18.

**CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive heart failure**

DUE TO

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic coronary**

DUE TO

(C) **vascular disease**

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Oct 21 1953**, to **Oct 23, 1953**, that I last saw the deceased alive on **19**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

**Louis A. Fritz**

M. D.

23B. ADDRESS

**St. Joseph's Hospital**

23C. DATE SIGNED

**Oct 23, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Oct. 27, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Holy Redeemer**

24D. LOCATION (City, town, or county)

**Baltimore 6, Md.**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**Huntington, William H.**

25. FUNERAL DIRECTOR

ADDRESS

**Frank C. Vach & Son, 900 N. Chester St. 5**

DECLARATION OF DEATH

STATE OF NEW YORK

County of \_\_\_\_\_

I, \_\_\_\_\_

do hereby certify that \_\_\_\_\_

was born \_\_\_\_\_

and died \_\_\_\_\_

at \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_

19\_\_\_\_

at \_\_\_\_\_

in the County of \_\_\_\_\_

State of New York

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_

19\_\_\_\_

at \_\_\_\_\_

in the County of \_\_\_\_\_

State of New York

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 9431**

**53 9431**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**Emanuel Lembraakis**

2. DATE  
OF  
DEATH

**10-23-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTION

**2401 E Lafayette St**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

**Balto**

**8-02**

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

**2401 E Lafayette Ave**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

**72**

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

**Meat Packer Goetz**

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**Greece**

12. CITIZEN OF  
WHAT COUNTRY?

**U.S.A**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

**Stanley Lambros 9249 N. Balto St**

18. **4221**

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) **Autoscopic Cardiovascular**  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) **Diarrhea**  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

**Wm. H. Wood**

M.D.

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER ☒

**10-24-53**

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

**Burial**

24B. DATE

**Oct 26<sup>th</sup> 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Greek Orthodox**

24D. LOCATION (City, town, or county)

**Windsor Mill Road**

DATE RECEIVED BY  
LOCAL REGISTRAR

**OCT 25 1953**

REGISTRAR'S SIGNATURE

**Huntington**

25. FUNERAL DIRECTOR

**Leo S. Cook 1701-03 1/2 Patterson Park**

ADDRESS

**Ave.**

1910 17

1910 17



F. 652  
53 9432BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9432  
Registered No.

BIRTH NO. 53-26207

1. NAME OF DECEASED  
(Type or Print)

BABY GIRL FRANK

2. DATE  
OF  
DEATH

23 Oct 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR  
INSTITUTIONUNION MEMORIAL HOSP  
BALTIMORE, MDYrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. USUAL OCCUPATION (Give kind of  
work done during most of worklog life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

JOHN STEPHEN FRANK

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

23 Oct 1953

9. AGE (in years  
last birthday)11 Under 1 Year  
Months: Days Hours: Min.

0 0 0 17

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

MARY JANE FORNEY

17. INFORMANT

MOTHER

1507 S. ELKINS ST  
BALTIMORE, MD

18. 761.0 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ANULSION, COMPLETE, OF UMBILICAL CORD

27 MIN

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) PROLAPSED UMBILICAL CORD

30 MIN

DUE TO

(C) INTERNAL PODALIC VERSION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

TRANSVERSE LIE - RADA POSITION

19a. DATE OF OPERATION

23 Oct 1953

19b. MAJOR FINDINGS OF OPERATION

RADA POSITION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office, etc.)

UNION MEMORIAL HOSP

21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

UNION MEMORIAL HOSP

21d. TIME (Month) (Day) (Year) (Hour)

23 Oct 1953 6:58 A. M.

21e. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21f. HOW DID INJURY OCCUR?

DURING INTERNAL PODALIC VERSION

22. I hereby certify that I attended the deceased from 23 Oct, 1953 to 23 Oct, 1953, that I last saw the  
deceased alive on 23 Oct, 1953 and that death occurred at 7:25 A. M., from the causes and on the date stated above.

23a. SIGNATURE

Robert A. Riley, Jr. M. D.

23b. ADDRESS

UNION MEMORIAL HOSP, BAL MD

23c. DATE SIGNED

24 OCT 53

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24b. DATE

OCT 26 1953

24c. NAME OF CEMETERY OR CREMATORY

WOOD LAWN CEM.

24d. LOCATION (City, town, or county)

WOODLAWN

(State)

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1800 E LOMBARD ST

ADDRESS

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE ARMY AND NAVAL RECORDS

<p>1. NAME (Last, First, Middle)</p> <p>2. SERVICE NUMBER</p> <p>3. GRADE</p> <p>4. BRANCH</p> <p>5. DATE OF BIRTH</p> <p>6. PLACE OF BIRTH</p> <p>7. DATE OF ENTRY INTO SERVICE</p> <p>8. DATE OF DISCHARGE</p> <p>9. REASON FOR DISCHARGE</p> <p>10. DATE OF DEATH</p>	<p>11. NAME OF NEXT OF KIN</p> <p>12. ADDRESS OF NEXT OF KIN</p> <p>13. CITY</p> <p>14. STATE</p> <p>15. ZIP CODE</p> <p>16. RELATIONSHIP TO DECEASED</p> <p>17. DATE OF DEATH</p> <p>18. PLACE OF DEATH</p> <p>19. CAUSE OF DEATH</p> <p>20. DATE OF BURIAL</p> <p>21. PLACE OF BURIAL</p> <p>22. GRAVE NUMBER</p> <p>23. NAME OF CEMETERY</p> <p>24. CITY</p> <p>25. STATE</p> <p>26. ZIP CODE</p>	<p>27. NAME OF CEMETERY</p> <p>28. CITY</p> <p>29. STATE</p> <p>30. ZIP CODE</p> <p>31. NAME OF CEMETERY</p> <p>32. CITY</p> <p>33. STATE</p> <p>34. ZIP CODE</p> <p>35. NAME OF CEMETERY</p> <p>36. CITY</p> <p>37. STATE</p> <p>38. ZIP CODE</p>
<p>39. NAME OF CEMETERY</p> <p>40. CITY</p> <p>41. STATE</p> <p>42. ZIP CODE</p> <p>43. NAME OF CEMETERY</p> <p>44. CITY</p> <p>45. STATE</p> <p>46. ZIP CODE</p>	<p>47. NAME OF CEMETERY</p> <p>48. CITY</p> <p>49. STATE</p> <p>50. ZIP CODE</p> <p>51. NAME OF CEMETERY</p> <p>52. CITY</p> <p>53. STATE</p> <p>54. ZIP CODE</p>	<p>55. NAME OF CEMETERY</p> <p>56. CITY</p> <p>57. STATE</p> <p>58. ZIP CODE</p> <p>59. NAME OF CEMETERY</p> <p>60. CITY</p> <p>61. STATE</p> <p>62. ZIP CODE</p>
<p>63. NAME OF CEMETERY</p> <p>64. CITY</p> <p>65. STATE</p> <p>66. ZIP CODE</p> <p>67. NAME OF CEMETERY</p> <p>68. CITY</p> <p>69. STATE</p> <p>70. ZIP CODE</p>	<p>71. NAME OF CEMETERY</p> <p>72. CITY</p> <p>73. STATE</p> <p>74. ZIP CODE</p> <p>75. NAME OF CEMETERY</p> <p>76. CITY</p> <p>77. STATE</p> <p>78. ZIP CODE</p>	<p>79. NAME OF CEMETERY</p> <p>80. CITY</p> <p>81. STATE</p> <p>82. ZIP CODE</p> <p>83. NAME OF CEMETERY</p> <p>84. CITY</p> <p>85. STATE</p> <p>86. ZIP CODE</p>
<p>87. NAME OF CEMETERY</p> <p>88. CITY</p> <p>89. STATE</p> <p>90. ZIP CODE</p> <p>91. NAME OF CEMETERY</p> <p>92. CITY</p> <p>93. STATE</p> <p>94. ZIP CODE</p>	<p>95. NAME OF CEMETERY</p> <p>96. CITY</p> <p>97. STATE</p> <p>98. ZIP CODE</p> <p>99. NAME OF CEMETERY</p> <p>100. CITY</p> <p>101. STATE</p> <p>102. ZIP CODE</p>	<p>103. NAME OF CEMETERY</p> <p>104. CITY</p> <p>105. STATE</p> <p>106. ZIP CODE</p> <p>107. NAME OF CEMETERY</p> <p>108. CITY</p> <p>109. STATE</p> <p>110. ZIP CODE</p>



BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) John

2. DATE OF DEATH 10/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Lethbrun Hospital

SPARROWS PT.

c. Length of stay in ~~Baltimore~~

5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
-------------	-----------------------	---

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
H. W.

13. FATHER'S NAME

JOSEPH TURTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

*No* *No*

18. 170x CAUSE

**DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH**  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? ☒ YES ☐ NO

21A. ACCIDENT WAS UNDER-  
LYING ☒ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT WORK	NOT WHILE AT WORK
<input type="checkbox"/>	<input type="checkbox"/>

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7 1953, to 10/24 1953, that I last saw the deceased alive on 10/24 1953, and that death occurred at 9<sup>35</sup> P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS  
M. D. Lutheran Hospital of Md.

23C. DATE SIGNED  
10/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE  
10-28-53

24C. NAME OF CEMETERY OR CREMATORY  
BELAIR MEM.

24c. LOCATION (City, town, or county)  
BELAIR, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1952

Thank you William!

Colts Club / Bradley, R. Cordish, 1918

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53 9434

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9434

BIRTH NO. 53-24981

1. NAME OF DECEASED  
(Type or Print)

Lowie Baby Boy RANDY LEE LOWE

2. DATE OF DEATH  
October 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTIONChurch Home Hospital  
Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Pylesville Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore PylesvilleD. STREET ADDRESS (If rural, give location)  
6200

C. Length of stay in Baltimore

22 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

October 25, 1953

9. AGE (in years last birthday)

22 days

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Church Home Hospital Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lowie, Mr. Benjamin

14. MOTHER'S MAIDEN NAME

Mc. Roberts, Thelma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lowie Mr. &amp; Mrs Benjamin Pylesville Md.

18. 776x  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

(B) DUE TO

(C) DUE TO

(C) DUE TO

## CAUSE OF DEATH

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

22 days

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 4 1953 to Oct 25 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 0600 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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53 9435

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9435  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>MRS. ANNIE MANNING</b>		2. DATE OF DEATH <b>OCT 25 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>BALTIMORE, MD</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>MELCHIOR NURSING</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 12-06</b>			
c. Length of stay in Baltimore <b>1 Yr.</b>		D. STREET ADDRESS (If rural, give location) <b>2327 N. CHARLES ST</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 24 1874</b>	9. AGE (In years last birthday) <b>79</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>COUNTY CORK, IRELAND</b>	
12. FATHER'S NAME <b>ROGER O'DONNELL</b>		14. MOTHER'S MAIDEN NAME <b>MARGARET MURPHY</b>		12. CITIZEN OF WHAT COUNTRY? <b>IRELAND</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>DAUGHTER</b>	
18. <b>174X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>ADENO. CA OF UTERUS</b> DUE TO <b>C METASTASIS</b>		<b>5-10 YRS</b>	
ANTECEDENT CAUSES		(B) <b>GEN'L ARTERIOSCLEROSIS</b> DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
* 22. I hereby certify that I attended the deceased from <b>10/25</b> , 19 <b>53</b> to <b>10/25</b> , 19 <b>53</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:45 AM</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>Donald W. Wentz</b>		23B. ADDRESS M. D. <b>3009 EVERGREEN AVE</b>		23C. DATE/SIGNED <b>10/25/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24B. DATE <b>OCT. 25 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH'S CEM.</b>	
24D. LOCATION (City, town, or county) (State) <b>BOSTON, MASS.</b>		24E. NAME OF CEMETERY OR CREMATORY <b>BOSTON, MASS.</b>		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>1217 ST. PAUL ST.</b>	
* VS <b>PT. UNDER CARE OF DR JOHN DEKOFF. FOR PAST YR</b>					





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9436  
Registered No.53 9436 50-08081  
BIRTH NO.1. NAME OF DECEASED  
(Type or Print)

Louis ALFYEDA Jones

2. DATE  
OF  
DEATH

10-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)*Johns Hopkins*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore 7-05*

c. Length of stay in Baltimore

*5 yrs*

9. STREET ADDRESS (If rural, give location)

*1604 P. Monument St*

5. SEX

*male*

6. COLOR OR RACE

*col.*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)*single*

8. DATE OF BIRTH

*April 18, 1950*9. AGE (In years  
last birthday)*3*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)*none*10B. KIND OF BUSINESS OR  
INDUSTRY*none*

11. BIRTH PLACE (State or foreign country)

*Baltimore*12. CITIZEN OF  
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

*Edward Jones*

14. MOTHER'S MAIDEN NAME

*Marie Coleman*15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL  
SECURITY NO.

17. INFORMANT

*Edward Jones 1604 P. Monument St*

ADDRESS

18. *492X*

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

*Bilateral Interstitial Pneumonia*

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Partial Autopsy* thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: *natural causes* ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

*William H. H. H.*

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

*10-21-53*24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)*Burial*

24B. DATE

*10-27-53*

24C. NAME OF CEMETERY OR CREMATORY

*Wilson Chapel*

24D. LOCATION (City, town, or county)

*Dolphin Va*

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR*OCT 26 1953*

REGISTRAR'S SIGNATURE

*Hamilton Williams*

25. FUNERAL DIRECTOR

*W. O. Wilson*

ADDRESS

*1120 Bunting*

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RECEIVED BY THE DIRECTOR  
U.S. DEPARTMENT OF THE INTERIOR

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9437

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9437

Registered No. \_\_\_\_\_

TH NO.

1. NAME OF DECEASED (Type or Print) <b>William Edgar Allen Sr.</b>		2. DATE OF DEATH <b>October 22, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>2633 Robb St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-07</b>	
D. STREET ADDRESS (If rural, give location) <b>2633 Robb Street</b>			
c. Length of stay in Baltimore <b>Life</b>		Yrs. Mos. Days	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 27, 1897</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Baltimore City</b>	9. AGE (In years last birthday) <b>56</b>
11. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Henry Heidler Allen</b>		14. MOTHER'S MAIDEN NAME <b>Anna</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War # 1</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs Anna E. Allen</b>		ADDRESS <b>Same</b>	
18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute Cardiac fibrillation</b> DUE TO <b>Coronary thrombosis</b> DUE TO <b>Cancer of Transverse Colon &amp; Sigmoid</b> DUE TO <b>17 mos.</b>		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>5/20/52</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <b>Cancer of Colon</b>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
21F. HOW DID INJURY OCCUR?		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>5/20/52</b> , 19 <b>52</b> , to <b>10/22/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10/22/53</b> , and that death occurred at <b>54</b> m., from the causes and on the date stated above.			
23. SIGNATURE <b>John A. Deane</b>		23B. ADDRESS <b>11 E. Chase Street</b>	
23C. DATE SIGNED <b>10/23/53</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 26, 1953</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>		REGISTRAR'S SIGNATURE <b>Henry Sander &amp; Sons Inc.</b>	
VS 150		773 93	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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53 9438

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9438  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROY A. GROVES

2. DATE  
OF  
DEATH Oct. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1408 Hanover St.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/21/94

9. AGE (In years  
last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Pressman

10B. KIND OF BUSINESS OR  
INDUSTRY

Printing

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Groves

14. MOTHER'S MAIDEN NAME

Mary C. Breeden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL  
SECURITY NO.

217-03-8707

17. INFORMANT

ADDRESS

Mrs. Roy A. Groves 1408 S. Hanover

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary artery disease

-DUE TO-

ANTECEDENT CAUSES

(B) Fatty metamorphosis of liver

-DUE TO-

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) Hypertensive cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE OLD (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachim

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

Oct. 23, 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/26/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

3500 Frederick Ave.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 Light St.

VS 151

5124M

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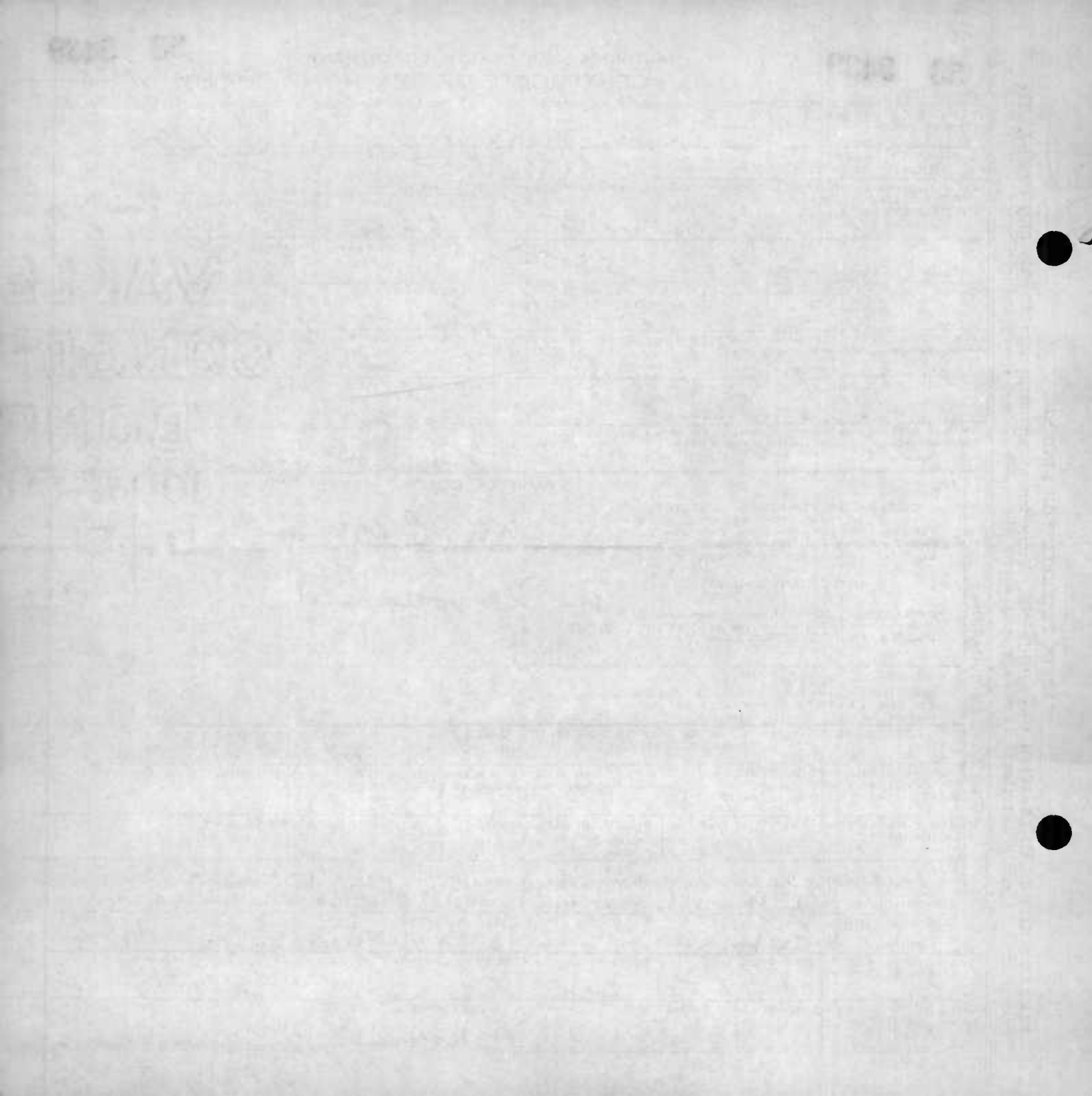




53 9439

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9439  
Registered No. 3698

BIRTH NO.				1. NAME OF DECEASED (Type or Print) <i>Emma Gross</i>				2. DATE OF DEATH <i>10-23-53</i>							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto</i>							
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>800 N. Carey St</i>				D. STREET ADDRESS (If rural, give location) <i>800 N. Carey</i>				E. Yrs. Mos. Days <i>50</i>							
c. Length of stay in Baltimore		5. SEX <i>F</i>		6. COLOR OR RACE <i>C</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>		8. DATE OF BIRTH <i>Sept. 7-1872</i>		9. AGE (in years last birthday) <i>81</i>		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>				11. BIRTHPLACE (State or foreign country) <i>Bahmet Co. Md</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13. FATHER'S NAME <i>Jim Kent</i>				14. MOTHER'S MAIDEN NAME <i>Clara P.</i>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>				16. SOCIAL SECURITY NO. <i>-</i>			
17. INFORMANT <i>Rosa Griffin</i>				ADDRESS <i>800 Carey</i>				18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
1B. <i>592x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)				(A) <i>chr. Nephritis</i> DUE TO				2 years							
ANTECEDENT CAUSES				(B) <i>Myocarditis</i> DUE TO				1 year							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) <i>-</i>											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.															
19A. DATE OF OPERATION <i>10-27-53</i>				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <i>7-4-</i> , 19 <i>51</i> , to <i>10-23-</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10-22-</i> , 19 <i>53</i> , and that death occurred at <i>7 A</i> m., from the causes and on the date stated above.															
23A. SIGNATURE <i>Frank A. Saunders</i>				23B. ADDRESS <i>1029 N. Stricker St.</i>				23C. DATE SIGNED <i>10-24-53</i>							
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>				24B. DATE <i>10-27-53</i>				24C. NAME OF CEMETERY OR CREMATORY <i>Arden</i>				24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>10/28/53</i>				REGISTRAR'S SIGNATURE <i>10/28/53</i>				25. FUNERAL DIRECTOR <i>Samuel W. Sullivan</i>				ADDRESS <i>1011 N. Arlington Ave</i>			



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

53 9440

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John E. Sullivan

2. DATE  
OF  
DEATH

10-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md B. COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2557 McHenry St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Catonville

D. STREET ADDRESS (If rural, give location)

Spring Grove Hosp

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Feb 9, 1907

9. AGE (in years  
last birthday)

51

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CEMENT FINISHER (RET)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William W. Sullivan

14. MOTHER'S MAIDEN NAME

Anna Dougherty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
W. A. Sullivan 2557 McHenry St

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atherosclerotic Heart Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis

DUE TO

(C) Myocardial Infarct

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Public Autopsy hereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Sullivan

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED 10-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

Oct 26 1953

REGISTRAR'S SIGNATURE

Thos. J. Sullivan

25. FUNERAL DIRECTOR

R. M. Walters

ADDRESS

511 24 Pratt &amp; Cluick St

0140 32

0140 32



M-656  
53 9441BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9441

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)MENNA  
MINNIE E. MARINER2. DATE  
OF  
DEATH

Oct 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1304 S. CATON AVE

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

D. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

CHRISTOPHER EBENHACK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

NONE

8. DATE OF BIRTH

Oct 11, 1878

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF  
WHAT COUNTRY?

13. MOTHER'S MAIDEN NAME

ELLA HOFFMAN

17. INFORMANT

ADDRESS

Thomas P. MARINER 1304 S. CATON AVE

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema

30 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension heart disease

(C)

arterio sclerosis

2

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Sept 1953 to 10/14, 1953, that I last saw the  
deceased alive on 10/24, 1953, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

Cause of Death

1. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

2. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

3. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

4. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

5. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

6. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

7. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

8. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

9. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.

10. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as far as I am concerned.



P-516  
53 9442BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9442  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Aquila Joseph Pumphrey

2. DATE

OF DEATH Oct. 22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

3708 W. Franklin St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

3708 W. Franklin St. 20-07

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 26, 1907-- 46

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Principal

10B. KIND OF BUSINESS OR INDUSTRY

City of Baltimore Balto. Md.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Allen Pumphrey

14. MOTHER'S MAIDEN NAME

Mabel A. Strube

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-14-8029

17. INFORMANT

ADDRESS

Mrs. Ethel T. Pumphrey, 3708 W. Franklin St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

10/22/53

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948 to 10/22, 1953 that I last saw the deceased alive on 10/22, 1953 and that death occurred at 11:30 m., from the causes and on the date stated above.

22A. SIGNATURE

T. H. E. Couch

23B. ADDRESS

M. O.

3629 Edmondson Ave

23C. DATE SIGNED

10/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 26/53

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington, Md. Harry A. Ditzler, 4101 Edmondson Ave.

28 0415

28 0415

CERTIFICATE OF DEATH

28 0415

Blank certificate form with faint grid lines and illegible text.

5-310

53 9443

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9443  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. Edwin T. Steffy, Sr.

2. DATE  
OF  
DEATH

10/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore Second Hospital

C. Length of stay in Baltimore

60

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

W

married

8. DATE OF BIRTH

12/6/92

9. AGE (in years  
last birthday)

60

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Auditor

10B. KIND OF BUSINESS OR  
INDUSTRY

W.M. Rail Road

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Steffy

14. MOTHER'S MAIDEN NAME

Emma Czerwinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. ANNE STEFFY, 417 WESTGATE RD.

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Nephrosclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

Coronary artery Disease

Diabetes mellitus

9 mos

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10/15, 1952 to 10/24, 1952, that I last saw the  
deceased alive on 10/24, 1952, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

061 261553

Huntington William E

Harry A. Wright

4101 EDMONDSON AVE

55 5108

55 5108

UNITED STATES DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

55 5108





MAR 27

MAR 27

TO THE DIRECTOR, FBI  
FROM THE SAC, NEW YORK  
SUBJECT: [illegible]

RE NEW YORK TELETYPE TO BUREAU  
MARCH TWENTY SEVEN LAST  
ADVISING THAT [illegible]

IT IS REQUESTED THAT YOU  
ADVISE THE BUREAU OF ANY  
DEVELOPMENTS [illegible]

VERY TRULY YOURS,  
[illegible signature]

ENCLOSURE



C-516

53 9445

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9445

1. NAME OF DECEASED (Type or Print) <b>D. ESTELLE CHAMBERS</b>		2. DATE OF DEATH <b>October 23, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Maryland General Hospital</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. Length of stay in Baltimore <b>Life</b>		8. STREET ADDRESS (If rural, give location) <b>2211 St. Rogers Avenue</b>	
9. SEX <b>Female</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	12. DATE OF BIRTH <b>March 13, 1872</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		14. AGE (in years last birthday) <b>81</b>	
15. KIND OF BUSINESS OR INDUSTRY		16. H Under 1 Year Months: Days H Under 24 Hours Hours: Min.	
17. FATHER'S NAME <b>Charles White</b>		18. MOTHER'S MAIDEN NAME <b>Agnes Wadsworth</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		20. SOCIAL SECURITY NO.	
21. INFORMANT <b>Mrs. J. Elizabeth Baker</b>		22. ADDRESS <b>704 Edmundo Road</b>	
23. 18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular Disease</b>		24. CAUSE OF DEATH (A) <b>Arteriosclerosis</b> DUE TO (B) <b>Atherosclerosis Colon</b> DUE TO (C) <b>with Bleeding</b>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		26. INTERVAL BETWEEN ONSET AND DEATH	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. 19A. DATE OF OPERATION <b>2</b>		29. 19B. MAJOR FINDINGS OF OPERATION	
30. 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
31. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		32. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
33. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
34. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. 21F. HOW DID INJURY OCCUR?			
37. 22. I hereby certify that I attended the deceased from <b>October 23, 1953</b> , to <b>October 23, 1953</b> , that I last saw the deceased alive on <b>October 23, 1953</b> , and that death occurred at <b>1:50 pm.</b> , from the causes and on the date stated above.			
38. 23A. SIGNATURE <b>SACRAMON</b>		39. 23B. ADDRESS <b>Maryland Gen. Hospital</b>	
40. 23C. DATE SIGNED			
41. 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		42. 24B. DATE <b>Oct. 26, 1953</b>	
43. 24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>		44. 24D. LOCATION (City, town, or county) (State) <b>Pikesville, Maryland</b>	
45. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>		46. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
47. FUNERAL DIRECTOR <b>Horace F. Burgee</b>		48. ADDRESS <b>3631 Falk Road</b>	

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C-652  
53 9446BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9446  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MICHAEL CORHNK

2. DATE  
OF  
DEATH

10-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

E. Length of stay in Baltimore

45 YEARS

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2226 N. CALVERT 12-04

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

W

MARRIED

8. DATE OF BIRTH

MARCH 27-1893

9. AGE (In years last birthday)

100

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

BALTIMORE CITY

11. BIRTHPLACE (State or foreign country)

TEXAS

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT

PATIENT

ADDRESS

ABOVE

18. 451X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HEMORRHAGE

DUE TO

4 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) RUPTURE OF AORTIC ANEURYSM

DUE TO

4 hrs

(C) GENERALIZED ARTERIOSCLEROSIS

UNKNOWN

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

SHOCK, DUE TO IA

1 1/60 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9AM 10-22, 1953, to 10PM 10-22, 1953, that I last saw the deceased alive on 10-22, 1953, and that death occurred at 110 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Stephen J. Halla

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

10-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Oct. 26-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Burger Funeral Home 3631 Fulton Road

ADDRESS

970931 Norace F. Burger



D-515		BALTIMORE CITY HEALTH DEPARTMENT		53 9447	
BIRTH NO.		53-26088		Registered No. 9447	
1. NAME OF DECEASED (Type or Print)		DAVID Alexander		2. DATE OF DEATH Oct. 23, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of Maryland.		C. CITY OR TOWN Baltimore 18. 12-01		D. STREET ADDRESS (If rural, give location) 403 E. 39th Street.	
c Length of stay in Baltimore 47		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 22, 1953	9. AGE (In years last birthday) 18	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME David Alexander Donovan		14. MOTHER'S MAIDEN NAME Charlotte Elizabeth Newman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT David A. Donovan		ADDRESS 403 E. 39th Street	
18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia Neonatorum Atelectasis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Congenital heart disease					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 22, 1953, to Oct 27, 1953, that I last saw the deceased alive on Oct 27, 1953, and that death occurred at 5:30 P. M., from the causes and on the date stated above					
23A. SIGNATURE Robbi		23B. ADDRESS Womans Hosp. Balto.		23C. DATE SIGNED 10/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/26/53		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland.		24E. FUNERAL DIRECTOR Huntington		24F. ADDRESS 8057 Calvert St	

1010 10

1010 10

WATLEY  
CONGRESS  
BOND  
JANUARY 1946



P-242  
53 9448BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9448  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Albert A. Pechulis

2. DATE  
OF  
DEATH

Oct 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Orth. Hall

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or

HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

Sugar Notch  
214 Oak St

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 758.6

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

medullary compression

4 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Klippel-Feil Syndrome

congenital

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16-1953 to 10-25-1953, that I last saw the  
deceased alive on 10-25-1953 and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

25 2118

25 2118

NAME		DATE	
ADDRESS		CITY	
STATE		ZIP	
COUNTRY		TELEPHONE	
FAX		E-MAIL	
SIGNATURE		DATE	
PRINTED NAME		PRINTED ADDRESS	
PRINTED CITY		PRINTED STATE	
PRINTED COUNTRY		PRINTED ZIP	
PRINTED TELEPHONE		PRINTED FAX	
PRINTED E-MAIL		PRINTED SIGNATURE	
PRINTED DATE		PRINTED CITY	
PRINTED STATE		PRINTED ZIP	
PRINTED COUNTRY		PRINTED TELEPHONE	
PRINTED FAX		PRINTED E-MAIL	
PRINTED SIGNATURE		PRINTED DATE	
PRINTED PRINTED NAME		PRINTED PRINTED ADDRESS	
PRINTED PRINTED CITY		PRINTED PRINTED STATE	
PRINTED PRINTED COUNTRY		PRINTED PRINTED ZIP	
PRINTED PRINTED TELEPHONE		PRINTED PRINTED FAX	
PRINTED PRINTED E-MAIL		PRINTED PRINTED SIGNATURE	
PRINTED PRINTED DATE		PRINTED PRINTED CITY	
PRINTED PRINTED STATE		PRINTED PRINTED ZIP	
PRINTED PRINTED COUNTRY		PRINTED PRINTED TELEPHONE	
PRINTED PRINTED FAX		PRINTED PRINTED E-MAIL	
PRINTED PRINTED SIGNATURE		PRINTED PRINTED DATE	

K-536  
53 9449BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9449  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William E. Kendrick

2. DATE  
OF DEATH October 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

507 East 39th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

507 East 39th Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 25, 1895

9. AGE (In years  
lost birthday)

57

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Adv. Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Playgoer's, Inc.

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Edward Kendrick

14. MOTHER'S MAIDEN NAME

Rosa C. Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I

16. SOCIAL  
SECURITY NO.

131-10-3093

17. INFORMANT

ADDRESS

Mrs. Bonnie P. Kendrick, 1124 10th St. N.W.

18. 156.7

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Liver (metastatic) 7 mo.  
Primary site not determined

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sunday Sept. 1953

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH. ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., In or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1953, to Oct. 23, 1953, that I last saw the  
deceased alive on Oct. 23, 1953, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd C. Taylor

M. D.

23B. ADDRESS

3902 Greenmount

23C. DATE SIGNED

Oct. 23/1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

10/26/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn,

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

J. M. Cook, Inc.,

1217 St. Paul Street

1

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-523  
53 9450

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53-9450

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Robert Joseph Johnston</b>		2. DATE OF DEATH <b>10-25-53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. 12-05</b>	
C. Length of stay in Baltimore <b>?</b>		D. STREET ADDRESS (If rural, give location) <b>1814 N. Charles St.</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married at 18</b>	8. DATE OF BIRTH <b>April 1894</b>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>Fayette Garage</b>	
10. FATHER'S NAME <b>Frank Johnston</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md</b>	
12. CITIZEN OF WHAT COUNTRY?		13. MOTHER'S MAIDEN NAME <b>Margaretta Burns</b>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		15. SOCIAL SECURITY NO.	
16. INFORMANT <b>Mrs. Francis Collins</b>		ADDRESS <b>3735 Evergreen Ave.</b>	
17. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Emil. peritonitis + Cong. Heart failure</b> DUE TO II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Perforated peptic ulcer</b> DUE TO III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Congestive Heart Failure</b>			
18. DATE OF OPERATION <b>None</b>		19. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
22. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		23. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
24. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		25. TIME (Month) (Day) (Year) (Hour) OF INJURY	
26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		27. HOW DID INJURY OCCUR?	
28. I hereby certify that I attended the deceased from <b>10-25-53</b> , 1953, to <b>10-25</b> , 1953, that I last saw the deceased alive on <b>10-25-53</b> , and that death occurred at <b>6:00</b> A.M., from the causes and on the date stated above.			
29. SIGNATURE <b>H. M. Winkler</b>		30. ADDRESS <b>University Hosp. Balto. Md.</b>	
31. DATE SIGNED <b>10-25-53</b>		32. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	
33. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>		34. DATE RECEIVED BY LOCAL REGISTRAR <b>10/28/53</b>	
35. REGISTRAR'S SIGNATURE <b>H. M. Winkler</b>		36. FUNERAL DIRECTOR <b>1217 St. Paul St.</b>	

69083

0110

11

0110

11

0110

11

ACTIVA



53 9451

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9451  
Registered No.

BIRTH NO. 53-25415

1. NAME OF DECEASED  
(Type or Print)

Still baby girl - Beverly Ann

2. DATE  
OF  
DEATH

Oct 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONChurch Home and Hospital  
Broadway St. Baltimore Md.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14

D. STREET ADDRESS (If rural, give location)

3040 Woodside Dr.

5300

C. Length of stay in Baltimore

12 days

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

Oct 14, 1953

9. AGE (in years  
last birthday)If Under 1 Year  
Months: Days: Hours: Min.

12 days

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Church Home Hosp. Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph F. Hill Jr.

14. MOTHER'S MAIDEN NAME

June Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Mr. &amp; Mrs. Joseph Hill

ADDRESS

3040 Woodside Dr.

18. 762.5

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Anoxia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) atelectasis

DUE TO

(C) Prematurity

INTERVAL BETWEEN  
ONSET AND DEATHSeveral  
hoursOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1953 to Oct 25, 1953 that I last saw the  
deceased alive on Oct 21, 1953 and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Remond L. Horton M.D.

23B. ADDRESS

Church Home &amp; Hosp

23C. DATE SIGNED

25 Oct 53

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

Burial

24B. DATE

10/27/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Buck

ADDRESS

5305 Hayford

• 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-143  
53 9452

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9452  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Joseph MUFFOLETTO

2. DATE  
OF  
DEATH

5/12/86 10/24/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-07

C. Length of stay in Baltimore

53

(Yrs.  
Mos.  
Days)

D. STREET ADDRESS (If rural, give location)

2636 Harford Road

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5/12/86

9. AGE (In years last birthday)

67

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber - SELF

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sicily ITALY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rosario MUFFOLETTO

14. MOTHER'S MAIDEN NAME

Catherine GLA-1050

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-32-0272

17. INFORMANT

Mrs. Angela MUFFOLETTO - SAME

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Coronary Heart Failure

DUE TO

Acute Bronchitis

(C)

Coronary Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1953 to 10/24, 1953 that I last saw the deceased alive on 10/24/53, 1953, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Herbert A. Bell M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

10/24/53

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/27/53

24C. NAME OF CEMETERY OR CREMATORY

Noly Redeemer

24D. LOCATION (City, town, or county)

BALTO

Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

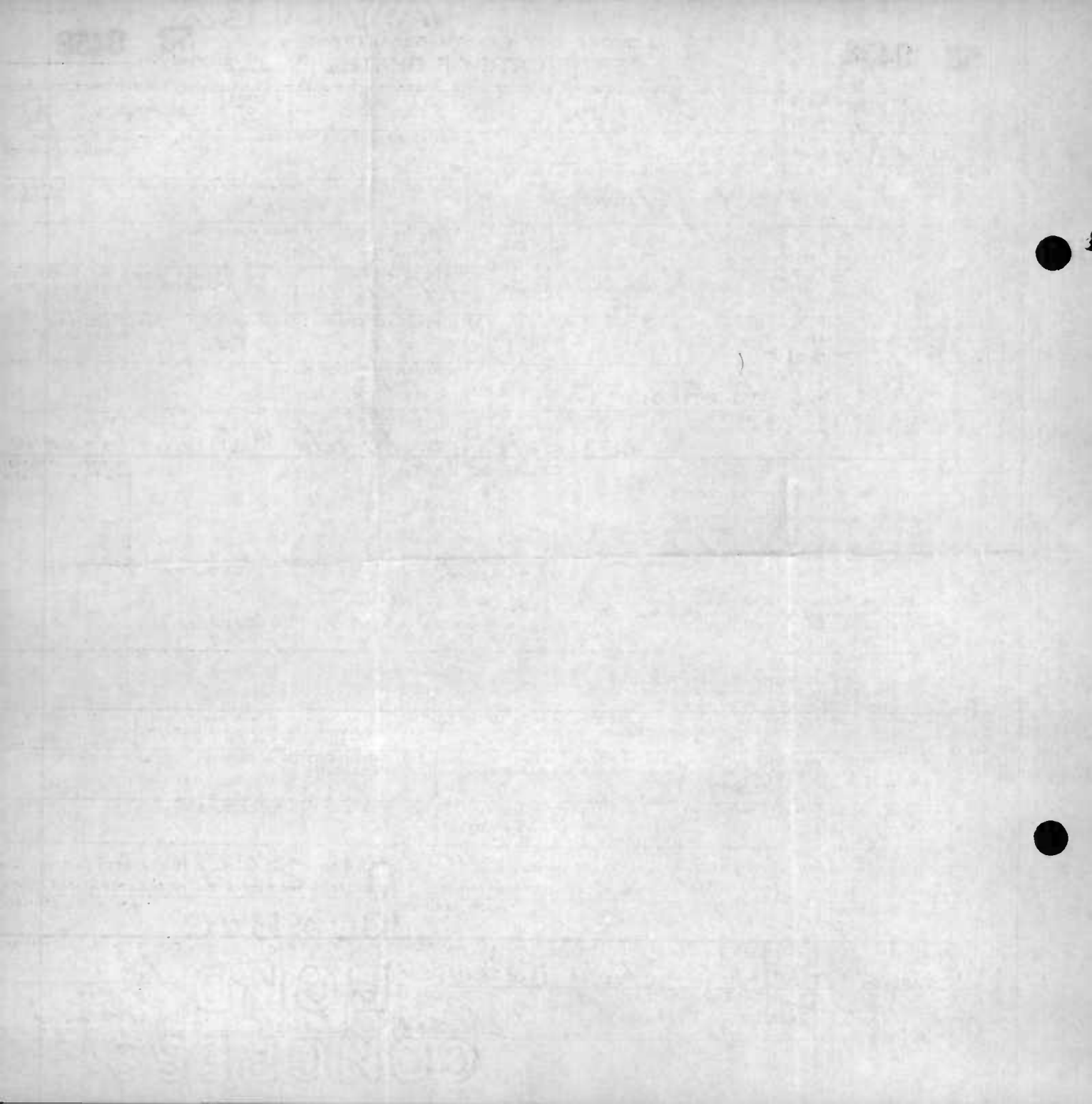
Huntington

25. FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

305 Stanford



R-100

53 9458

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9458

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Raab, George P.

2. DATE  
OF

DEATH October 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 26-01

D. STREET ADDRESS (If rural, give location)

5303 Valiquet Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 5-1891

9. AGE (In years last birthday)

62

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CONTRACTOR

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

J. Peter Raab

14. MOTHER'S MAIDEN NAME

Amelia Brockmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. A. Mina Raab - SAME

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Terminal bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive heart failure

DUE TO

(C) Generalized arteriosclerosis

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatoid arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNOER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from October 20, 1953, to October 25, 1953, that I last saw the deceased alive on Oct. 25, 1953, and that death occurred at 7:50a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Rodriguez V.

23B. ADDRESS

M. D.

1100 N. Caroline Street

23C. DATE SIGNED

Oct. 25, '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

10-28-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto

Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

001 261953

Huntington W. F. ...

Lemard J. Ruck

5305 Nayford

29024





M. 250  
53 9454BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9454  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mr. Samuel M. Kinney</b>			2. DATE OF DEATH <b>10-25-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>BALT.</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Church Home &amp; Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>DUNDALK 5253</b>		
Length of stay in Baltimore <b>33</b> (Yrs. Mes. Days)			D. STREET ADDRESS (If rural, give location) <b>7029 Dundalk Road.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-23-196</b>		9. AGE (In years last birthday) <b>57</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSPECTOR</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>STEEL</b>		11. BIRTHPLACE (State or foreign country) <b>Alabama</b>
13. FATHER'S NAME <b>HIRAM M. KINNEY</b>			14. MOTHER'S MAIDEN NAME <b>FANNY ARNOLD.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WWI</b>			16. SOCIAL SECURITY NO. <b>213-09-2212</b>		
			17. INFORMANT <b>WIFE</b> ADDRESS <b>7029 Dundalk Rd.</b>		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Infarction of myocardium</b> DUE TO <b>Artero Sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>10-9-53</b> , 19 <b>53</b> , to <b>10-25</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-25</b> , 19 <b>53</b> and that death occurred at <b>11:55 Am.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>John C. Collins</b>		23B. ADDRESS <b>Church Home &amp; Hosp</b>		23C. DATE SIGNED <b>10-25-53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>OCT 26 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>		24D. LOCATION (City, town, or county) (State) <b>COLGATE MD</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington W. ...</b>		25. FUNERAL DIRECTOR <b>PUNERIAL HOME DUNDALK</b>



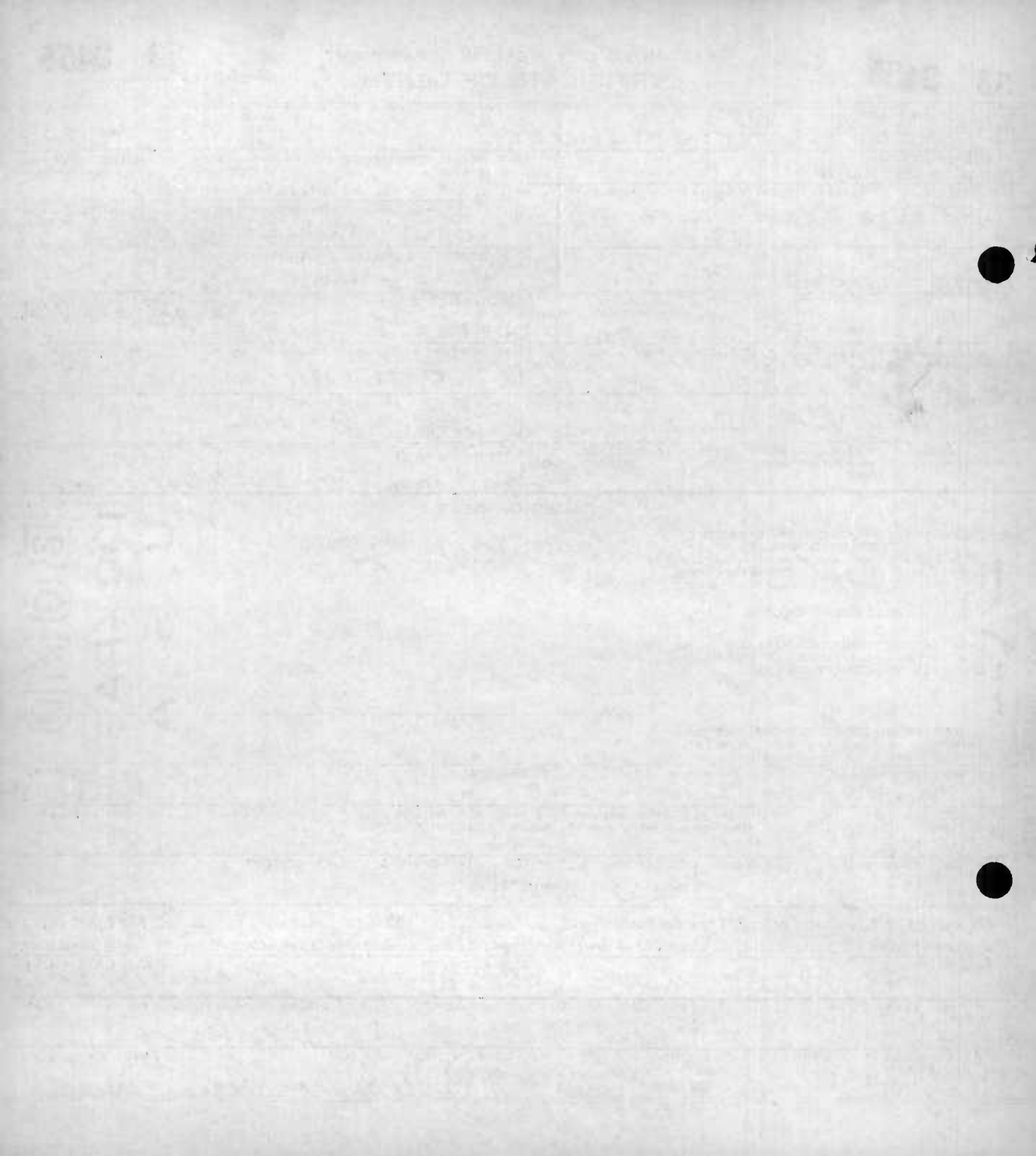
J-525  
53 9455

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9455

1. NAME OF DECEASED (Type or Print) <b>ELLEN ANTIL JOHNSON</b>				2. DATE OF DEATH <b>OCT. 24, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>BALTIMORE</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>4230 LOCH RAVEN BLVD.</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 27-09</b>	
C. Length of stay in Baltimore <b>41 YRS.</b> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>4230 LOCH RAVEN BLVD.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED.</b>	8. DATE OF BIRTH <b>5-18-78</b>	9. AGE (In years last birthday) <b>75</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE.</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ENGLAND.</b>
13. FATHER'S NAME <b>HENRY WARDE</b>			14. MOTHER'S MAIDEN NAME <b>SARAH ANTIL</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT ADDRESS <b>MISS ANNE JOHNSON 4230 LOCH RAVEN</b>	
18. <b>176X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CARCINOMA-VULVA</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 YRS.</b>	
19A. DATE OF OPERATION <b>APR. 1949</b>		19B. MAJOR FINDINGS OF OPERATION <b>CA - VULVA</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>NO</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1950</b> , to <b>OCT. 24, 1953</b> , that I last saw the deceased alive on <b>10-23, 1953</b> , and that death occurred at <b>11:40 P.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Arthur Kaufman</b>		23B. ADDRESS <b>1532 HAVENWOOD ROAD.</b>		23C. DATE SIGNED <b>10-24-53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>OCT 26, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>PARK WOOD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26, 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>4210 PEBBLE HOME BEACH.</b>	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9456

Registered No.

53 9456

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HOVIS EPELSON

2. DATE  
OF  
DEATH

10-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)

INSTITUTION

4009 Mortimer Ave Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3916 1/2 Ridgewood Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10-67

9. AGE (in years

last birthday)

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Harow Adelson - same

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Acute coronary thrombosis

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Acute Chr. Coronary sclerosis  
& myocardial infarction

1 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944 to 10/25, 1953, that I last saw the  
deceased alive on 10/25, 1953, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Michael B. Kink MW

23B. ADDRESS

2320 Eutaw Pl

23C. DATE SIGNED

10/25/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/26/53

24C. NAME OF CEMETERY OR CREMATORY

Fleming Run

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. B. Davis, Inc.

ADDRESS

2100 Eutaw Pl.

3001 Kersh  
Garrison Blvd

Quai 10 AM



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-600

53 9457

# HERR

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9457  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Herr, Ethel

2. DATE  
OF  
DEATH

10-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2905 Keyworth Ave

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sinai Hospital

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

64

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Israel Fell

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Nathen Herr - Home

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) cardiac arrest

DUE TO

ANTECEDENT CAUSES

(B) hypertensive arteriosclerotic heart disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24-1953 to 10-25-1953 that I last saw the  
deceased alive on 10-25-1953, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert W Ireland

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

10-25-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 10-26-53

Herring Run

Balto, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

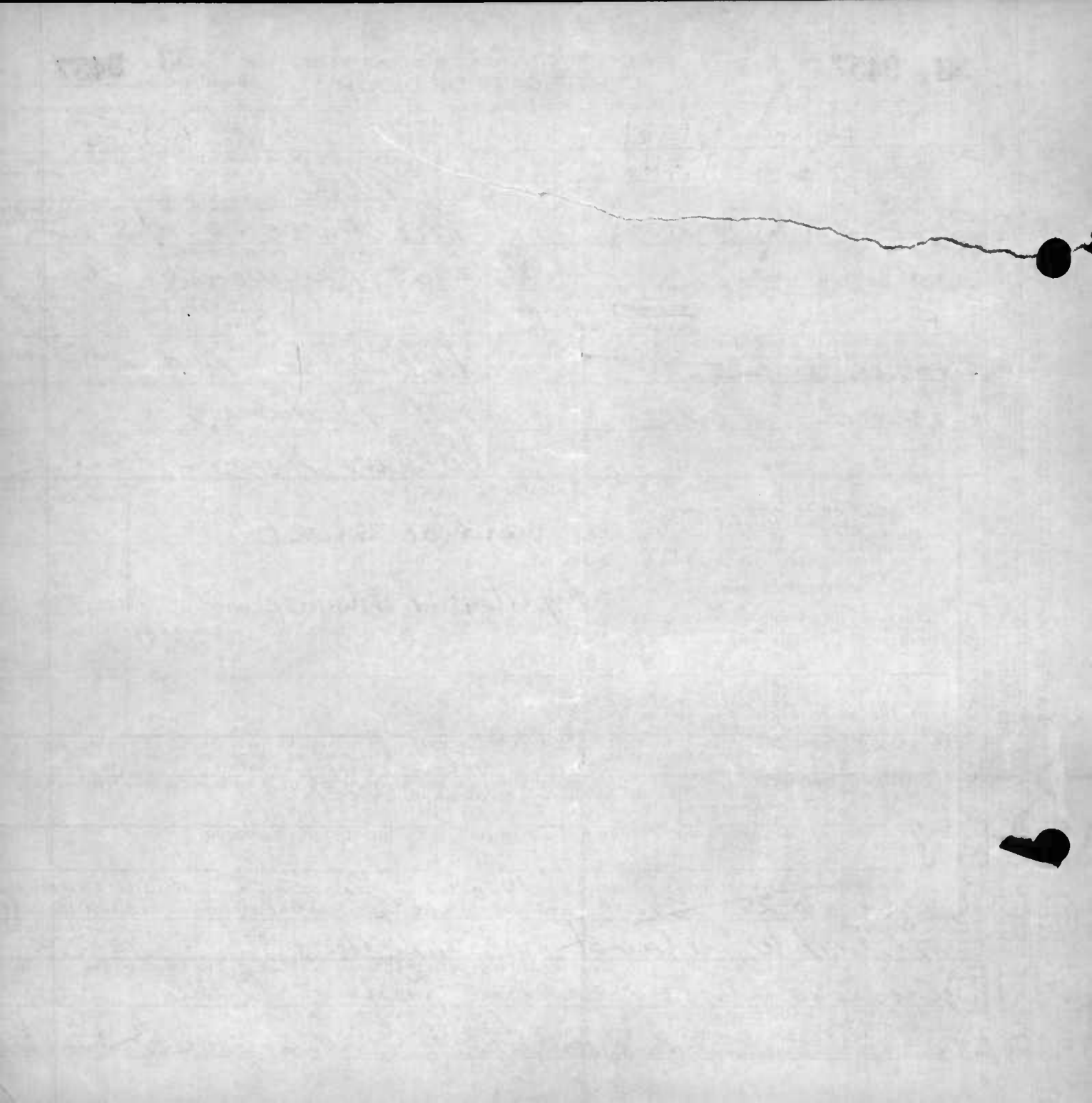
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1953

Huntington 9/15/1953, 2100 E. 2100 E. 2100 E.



Order 4 R. 163

53 9458

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9458  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Emma Roberts

2. DATE  
OF  
DEATH

Oct. 22, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

C. 644

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore - 14-03  
1846 Division St.

c. Length of stay in Baltimore

Yrs. 60  
Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

18.

422.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Embolus

5 min

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1953 to Oct. 22, 1953 that I last saw the deceased alive on Oct. 22, 1953, and that death occurred at 9:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

OCT 26 1953

Huntington

Mt. Auburn

Baltimore, Md.  
1631 Druid Hill Ave.

1840

1840

Oct 22, 40

and

Robertson

1840

1840

Robertson

1840

1840

1840

1840

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9459

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ida M. Johnson

2. DATE  
OF  
DEATH

Oct. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore City 24-02B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

430 E. Fort Ave.

D. STREET ADDRESS (If rural, give location)

430 E. Fort Ave.

Length of stay in Baltimore Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. , 1890

9. AGE (In years  
last birthday)

63

# Under 1 Year

Months Days

# Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin F. Williams

14. MOTHER'S MAIDEN NAME

Ida M. Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret N. Wenger 430 E. Fort Ave.

18. 446x and 260x  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Death's mellitus - hyperadreni

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1953, to Oct 23, 1953, that I last saw the  
deceased alive on 10/22, 1953, and that death occurred 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

John G. Scheuch

M. D.

23B. ADDRESS

1337 S. Charles St.

23C. DATE SIGNED

10/24/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/27/1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

A. A. Cty. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Flynn &amp; Fleming, 1426 Light St.

STANDARD 100-100000



L-250  
53 9460

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9460

1. NAME OF DECEASED (Type or Print) <b>Ethel M. Lawson</b>			2. DATE OF DEATH <b>Oct. 23/53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. <b>Maryland</b> B. COUNTY <b>16-05</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>622 N. Pulaski St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore City</b>		
c. Length of stay in Baltimore Yrs. <b>10</b> Mos. <b>10</b> Days <b>10</b>			D. STREET ADDRESS (If rural, give location) <b>622 N. Pulaski - St</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec-10-1893</b>		9. AGE (In years, last birthday) <b>69</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>S. Africa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Dixon</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT ADDRESS <b>Church Records</b>		
18. <b>174X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of Uterus</b>			CAUSE OF DEATH (A) <b>Carcinoma of Uterus</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>2</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept 15</b> , 1953, to <b>Oct. 23</b> , 1953, that I last saw the deceased alive on <b>Oct. 23</b> , 1953, and that death occurred at <b>11:10 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Thomas Laughlin</b>		23B. ADDRESS <b>4508 Edmondson Village</b>		23C. DATE SIGNED <b>10/26/53</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Oct. 26/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Louisa Park Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balls Blad.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, O. B. Shepherd &amp; Sons</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>			
VS 150 <b>1300 E. Fair Rd 17</b>					

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text appears to be a list or series of entries, possibly related to a survey or inventory.]*

W-630  
53 9461BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9461

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Hattie L. Ward

2. DATE  
OF  
DEATH

Oct. 22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

844 Edmonson Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

C. Length of stay in Baltimore

62

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

844 Edmonson Ave

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 9, 1891

9. AGE (In years  
last birthday)

62

If Under 1 Year  
Months Days

4 13

If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Hammond

14. MOTHER'S MAIDEN NAME

Janie Talbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Paul Hammond 844 Edmonson

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

CARDIO VASCULAR DISEASE

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)

CEREBRAL HEMORRHAGE

4 mo's

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from OCT 15, 1953, to OCT 22, 1953, that I last saw the  
deceased alive on SEPT 12, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

E. William Frey M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

Oct 23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/24/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St

1000

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Signature of informant		12. Signature of registrar	
13. Name of informant		14. Address of informant		15. Signature of informant		16. Signature of registrar	
17. Name of informant		18. Address of informant		19. Signature of informant		20. Signature of registrar	
21. Name of informant		22. Address of informant		23. Signature of informant		24. Signature of registrar	
25. Name of informant		26. Address of informant		27. Signature of informant		28. Signature of registrar	
29. Name of informant		30. Address of informant		31. Signature of informant		32. Signature of registrar	
33. Name of informant		34. Address of informant		35. Signature of informant		36. Signature of registrar	
37. Name of informant		38. Address of informant		39. Signature of informant		40. Signature of registrar	
41. Name of informant		42. Address of informant		43. Signature of informant		44. Signature of registrar	
45. Name of informant		46. Address of informant		47. Signature of informant		48. Signature of registrar	
49. Name of informant		50. Address of informant		51. Signature of informant		52. Signature of registrar	
53. Name of informant		54. Address of informant		55. Signature of informant		56. Signature of registrar	
57. Name of informant		58. Address of informant		59. Signature of informant		60. Signature of registrar	
61. Name of informant		62. Address of informant		63. Signature of informant		64. Signature of registrar	
65. Name of informant		66. Address of informant		67. Signature of informant		68. Signature of registrar	
69. Name of informant		70. Address of informant		71. Signature of informant		72. Signature of registrar	
73. Name of informant		74. Address of informant		75. Signature of informant		76. Signature of registrar	
77. Name of informant		78. Address of informant		79. Signature of informant		80. Signature of registrar	
81. Name of informant		82. Address of informant		83. Signature of informant		84. Signature of registrar	
85. Name of informant		86. Address of informant		87. Signature of informant		88. Signature of registrar	
89. Name of informant		90. Address of informant		91. Signature of informant		92. Signature of registrar	
93. Name of informant		94. Address of informant		95. Signature of informant		96. Signature of registrar	
97. Name of informant		98. Address of informant		99. Signature of informant		100. Signature of registrar	

F. 260

53 9462

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9462

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

John E. Fisher

2. DATE  
OF  
DEATH

Oct. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

915 Pierce St.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Clara Augusta Pierce 915 St.

18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Cardio Vascular Renal

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Chronic Hypertension

1 year

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10/19, 1953, to 10/21, 1953, that I last saw the  
deceased alive on 10/19, 1953, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SR82

RECEIVED BY MAIL - DEPARTMENT OF HEALTH

SR82

SR82





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9463**

BIRTH NO. <b>53 9463</b>		LAST	
1. NAME OF DECEASED (Type or Print) <b>Starvers, Garnett</b>		2. DATE OF DEATH <b>10/22/53</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Beth.</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write: RURAL, and give township) <b>Baltimore 22-01</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>730 Hanover St</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6/10/16</b>
9. AGE (In years last birthday) <b>37</b>	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>porter</b>	10B. KIND OF BUSINESS OR INDUSTRY <b>Grill + bar</b>	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Daniel Starvers</b>		14. MOTHER'S MAIDEN NAME <b>Adelia Conway</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>UNK</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>James Starvers 21 Mulberry St.</b>
18. <b>445X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <b>Uremia</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO <b>Malignant Hypertension</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO <b>6 wks +</b>	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10/13/53</b> so, 19__, to <b>10/24/53</b> , 19__, that I last saw the deceased alive on <b>10/24/53</b> , 19__, and that death occurred at <b>7 P. M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Karl Weaver</b>		23B. ADDRESS <b>University Hosp.</b>	23C. DATE SIGNED <b>10/24/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>10/27/1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Wm. C. Cullen Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	25. FUNERAL DIRECTOR <b>Wm. C. Williams</b>	ADDRESS <b>322 N. Schroeder St.</b>

WATLEY  
COURT  
BOARD

C-120

Chieves

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9464  
Registered No.53 9464  
RICH NO.

1. NAME OF DECEASED (Type or Print) <b>Ellwood R. Chieves</b>			2. DATE OF DEATH <b>10-24-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore Md</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>707 Dolphin St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 17-03</b>		
C. Length of stay in Baltimore <b>25 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>707 Dolphin St.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	B. DATE OF BIRTH <b>10-25-1903</b>		9. AGE (In years last birthday) <b>50</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Store</b>	11. BIRTHPLACE (State or foreign country) <b>Phila. Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Wm. H Chieves</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Goode</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Edna Chieves</b>		
			ADDRESS <b>707 Dolphin St.</b>		

1B. **442X**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Cardiac Vascular Accident**  
DUE TO  
(B) **Coronary Vascular Disease**  
DUE TO  
(C)

INTERVAL BETWEEN ONSET AND DEATH

**3 days**  
**9**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10-20**, 19**53**, to **10-29**, 19**53**, that I last saw the deceased alive on **10-29**, 19**53**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1953

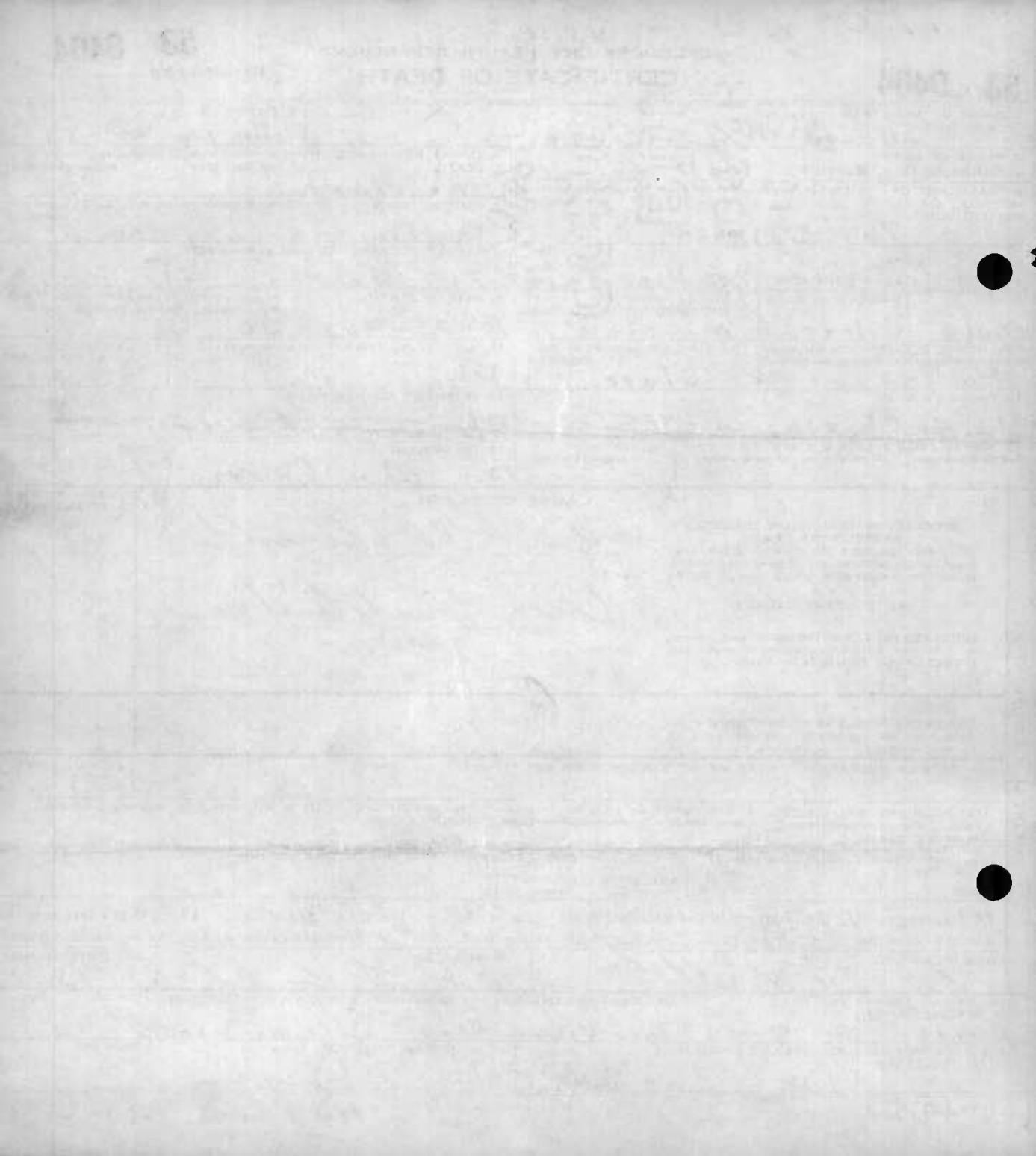
**7806A 916 Penna. Ave.**

MEDICAL CERTIFICATION

1940 33

STATE OF TEXAS

1940 33



53 9465

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9465

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Nannie Price

2. DATE  
OF  
DEATH

Oct. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Lincoln Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-09

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1432 N. Eden St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Widow

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Giles Haynes 206 Cecil Lane

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

(B) DUE TO

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952, to Oct 22, 1953, that I last saw the  
deceased alive on Oct 20, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Giles Haynes M.O.

23B. ADDRESS

1507 N. Caroline St. 10/23/53

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 26 1953

Huntington Hall, Md.

Dr. E. E. Ellis &amp; Daughter

23 0182

23 0402





W-635

9466

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9466**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)**BESSIE WORTMAN**2. DATE  
OF  
DEATH**10/24/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence  
A. STATE **MD.** B. COUNTY **BALTO.** before admission)B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION **MERCY HOSPITAL INC.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
**BALTIMORE** township)

c. Length of stay in Baltimore

**20** Yrs.  
Mos.  
DaysO. STREET ADDRESS (If rural, give location)  
**2857 W. NORTH AVE**

5. SEX

**F**

6. COLOR OR RACE

**W**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

**July 24, 1883**9. AGE (In years  
last birthday)**70**H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)**HOUSE WIFE**10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

**BALTO, MD.**12. CITIZEN OF  
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

**William McCabe**

14. MOTHER'S MAIDEN NAME

**LAVENIA SITZLER**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL  
SECURITY NO.**No**

17. INFORMANT

ADDRESS

**Mr. C. Frederick Wortman-2857 W. North Av**

18.

**443X**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) **COMPLETE HEART BLOCK**  
DUE TO **VENTRICULAR Fibrillation**INTERVAL BETWEEN  
ONSET AND DEATH  
**1 year**

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) **HYPERTENSIVE ARTERIO-SCLEROTIC**  
DUE TO **CARDIO-VASCULAR DISEASE**  
(C) **Approx 30 years**

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/10/53**, to **10/24**, 19**53**, that I last saw the  
deceased alive on **10/24**, 19**53**, and that death occurred at **11:55** p.m., from the causes and on the date stated above.

23A. SIGNATURE

**George Henry Bech** M.D.

23B. ADDRESS

**Mercy Hospital**

23C. DATE SIGNED

**10/25/53**24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)**Burial**

24B. DATE

**10/28/53**

24C. NAME OF CEMETERY OR CREMATORY

**Lorraine Cem.**

24D. LOCATION (City, town, or county)

**Woodlawn, Md.**

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

**OCT 26 1953**

25. FUNERAL DIRECTOR

ADDRESS

**Wm. J. Dickson & Sons****Balto 17, Md.**

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53 9467

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

53 9467  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mable Connor Nichols</i>		2. DATE OF DEATH <i>10/25/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MO.</i> B. COUNTY <i>Amos Arundel</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Linton Heights 5200</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>307 East Maple Road</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Nov. 26/1885</i>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Secretary - U. S. Govt.</i>		10. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>67</i>
11. BIRTHPLACE (State or foreign country) <i>Del.</i>		12. CITIZEN OF WHAT COUNTRY? <i>American</i>	
13. FATHER'S NAME <i>Alpheus W. Nichols</i>		14. MOTHER'S MAIDEN NAME <i>Ida Belle Cannon</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service)		17. INFORMANT ADDRESS <i>Sister - Glendora Nichols same</i>	
16. SOCIAL SECURITY NO.			

18. <i>174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis</i>	CAUSE OF DEATH (A) <i>Carcinomatosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma uterus</i>	(B) <i>Carcinoma uterus</i> DUE TO	<i>2 yrs</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Ulcer, Sudden Cardiac</i>	(C) <i>Ulcer, Sudden Cardiac</i>	<i>7 days</i>

19A. DATE OF OPERATION <i>✓</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10/20/53</i> , to <i>10/25/53</i> , that I last saw the deceased alive on <i>10/25/53</i> , and that death occurred at <i>8:00</i> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>S. Natoni</i>	23B. ADDRESS <i>M. R. H.</i>	23C. DATE SIGNED <i>10/25/53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>10/27/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Chesterfield Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Centerville, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 26 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Pickner &amp; Sons</i>	ADDRESS <i>35091 Balto 17, Md.</i>

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53 9468BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9468

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH E. JOHNSON

2. DATE  
OF DEATH Oct. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Ashburton Nursing Home

D. C.

C. CITY OR TOWN

(if outside corporate limits, write RURAL and give township)

Washington

D. STREET ADDRESS (If rural, give location)

2210 Cathedral Ave., N. W.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 9, 1893

9. AGE (In years last birthday)

60

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry D. Waggener

14. MOTHER'S MAIDEN NAME

Lillian Willard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(No)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Elsie Vander Valk-2210 Cathedral Ave. NW Washington, D.C.

1B. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive C.V.D.

DUE TO

3 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1952 to Oct 23, 1953, that I last saw the deceased alive on Oct 23, 1953, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10/26/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1953

Huntington Hills, Md.

J. Pickner &amp; Sons

Balto. 17, Md.

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9469

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53

9469

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Amabel George Boyce

2. DATE  
OF  
DEATH

Oct. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4 Club Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RESIDUAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4 Club Road, Roland Park

c. Length of stay in Baltimore

Life Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

July 27, 1885

9. AGE (In years  
last birthday)

68

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
At Home10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John Cowman George

14. MOTHER'S MAIDEN NAME

Amabel Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

Miss Rebecca Boyce 4 Club Road

18. 157X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of pancreas

DUE TO

2 1/2 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 5, 1951

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

for jejunectomy

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ CAUSE OF  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1951, to Oct. 25, 1953 that I last saw the  
deceased alive on Oct 24, 1953, and that death occurred at 3:10 A.M., from the causes and on the date stated above

23A. SIGNATURE

C. D. Jones Boyd

M. D.

23B. ADDRESS

24 E. Egger St

23C. DATE SIGNED

Oct 26 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. J. Meier &amp; Son

ADDRESS

805 N Calvert St.

OCT 26 1953

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9470

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9470

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert B. Cox

Robert Bennett Cox

2. DATE  
OF  
DEATH

10-25-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockeysville

D. STREET ADDRESS (If rural, give location)

Falls Road

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 23, 1936

9. AGE (in years  
last birthday)

17

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Schoolboy

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter Cox

14. MOTHER'S MAIDEN NAME

Bertha Esterline

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Walter Cox, Cockeysville, Md.

18. E816.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Skull Fracture

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Contusions &amp; Abrasions of Fore

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR? Westminster Pike, 2 miles  
west of Reisterstown21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

10/25/53

A. M.

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒21F. HOW DID INJURY OCCUR? Passenger in auto  
which struck truck22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William N. Spotts

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
10-25-5324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Hereford Baptist Cemetery

24D. LOCATION (City, town, or county)

Hereford, Balto, Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 26 1953

REGISTRAR'S SIGNATURE

Huntington H. Beardsley, M.D.

25. FUNERAL DIRECTOR

John Burns' Sons, Towson, Maryland

ADDRESS

VS 151

N 803.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-534  
53 9471

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9471  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		May Theresa Hendel		10/24/53	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN			
		Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		714 St. West St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
F	W	W	5/9/1912	41	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife				Baltimore - Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Robert C Russell		Carrie Marshall		USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mr. Geo. Hendel. Same	
18. 174X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) - Meninge Perforation		6 mo.	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 04/15, 1953, to 10/24, 1953, that I last saw the deceased alive on 10/24, 1953, and that death occurred at 9:35 p.m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
C. H. Whitehead		1274 William St.		23C. DATE SIGNED 10/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		10/28/53		Holy Cross	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		J. J. Zabel		Same	

MEDICAL CERTIFICATION

100

DEPARTMENT OF HEALTH

OFFICE OF THE ASSISTANT ATTORNEY GENERAL

NEW YORK, N. Y.

IN SENATE

January 10, 1910

REPORT

OF THE

COMMISSIONERS OF THE

DEPARTMENT OF HEALTH

FOR THE YEAR 1909

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N-652  
3 9472

WARRUNS

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9472

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Drahaung</i>				2. DATE OF DEATH <i>10/24/53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>725 Harvey St</i>				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Baltimore</i>			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Leo.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 30-nd</i>			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) <i>725 Harvey St. 4-06</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>Wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6/20/1875</i>		9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homemaker</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Hungary</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Robert Peter Bracey</i>				14. MOTHER'S MAIDEN NAME <i>Not known</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs George Lane</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized arterio sclerosis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1, 1913</i> , to <i>Oct 24, 1953</i> that I last saw the deceased alive on <i>10/23, 1953</i> , and that death occurred at <i>5A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. H. Darrant</i>		23B. ADDRESS <i>436 E. Pratt</i>		23C. DATE SIGNED <i>10/26/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>10/28/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Valley Cross</i>	
24D. LOCATION (City, town, or county) <i>Kelchie Highway</i>		24E. (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>John J. Jones</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OCT 26 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		ADDRESS	

MEDICAL CERTIFICATION



D-625  
53 9473

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9473

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frederick J. Dierken

2. DATE  
OF  
DEATH

10/26/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
A. STATE B. COUNTY before admission)

Maryland Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Mercy Hospital Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

6200 McCham Blvd.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/4/71

9. AGE (In years  
last birthday)

82

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Ret. Transportation

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Fred. Dierken

14. MOTHER'S MAIDEN NAME

Antoinette Rheenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. ANNIE E. DIERKEN - McLean

18. 350X and E904.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Parkinson's Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN  
ONSET AND DEATH

?

11  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Fell at home with head injury

20 days

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

6200 McCham Blvd.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

10 6 53 20

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell at home striking head

22. I hereby certify that I attended the deceased from 10-13 1953, to 10-26 1953, that I last saw the  
deceased alive on 10-26 1953, and that death occurred at 4:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas L. Jones

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

10-26-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/29/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balds Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 26 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Leonard Ruck 5305 Stanford

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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L-600

33 9474

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9474

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

J. HOWARD LEHR

2. DATE  
OF  
DEATH

OCT 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

5506 HARFORD RD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, with full name and give township)

BALTIMORE 27-06

D. STREET ADDRESS (If rural, give location)

5506 HARFORD RD.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB 4, 1880

9. AGE (In years  
last birthday)

73

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

DRUG CLERK

10B. KIND OF BUSINESS OR  
INDUSTRY

WHOLESALE DRUG

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES H. LEHR

14. MOTHER'S MAIDEN NAME

HELEN M. RIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO NONE

16. SOCIAL  
SECURITY NO.

17. INFORMANT

MRS. LAURA L. LEHR

ADDRESS

SAME

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Hypertensive C.V.D.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral aneurysm

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1947 to Oct. 23, 1953, that I last saw the  
deceased alive on Oct. 25, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4118 Hospital B

10/23/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

10-27-53

LOU DON PARK

BALTO.

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1953 Huntington Edgerton, M.D. 6009 Hazen Rd.

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9475

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9475

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Erene Cromwell HAYMAN

2. DATE  
OF  
DEATH

10-24-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. city

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

309 N. Gilmore St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

512 N. Parush St

c. Length of stay in Baltimore

Six

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 19, 1915

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

maid

10B. KIND OF BUSINESS OR INDUSTRY

Damen

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Hayman

14. MOTHER'S MAIDEN NAME

Annie Hubron

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Ruth Pendleton 206 N. Shuter

18. 581.0

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

10-27-53

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

10-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-27-53

24C. NAME OF CEMETERY OR CREMATORY

Western Star

24D. LOCATION (City, town, or county)

Catonville Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 26 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Huntington

ADDRESS

1000

VS 151

7206M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1710 24

THE UNIVERSITY OF CHICAGO  
LIBRARY

1710 24

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9476

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH J. BROWN

2. DATE  
OF  
DEATH

OCT. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

416 EVESHAM AVE.

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write location, and give township)

D. STREET ADDRESS (If rural, give location)

416 EVESHAM

c. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

DEC. 17 1871

9. AGE (In years  
last birthday)

81

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN MORTON

14. MOTHER'S MAIDEN NAME

ELIZABETH MORTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

MILDRED E. HARRIS

ADDRESS

ABOVE

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Chronic Myocarditis

Indefinite

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Ch. anterior clecoris

Indefinite

DUE TO

(C)

Intestinal Bleeding from  
possible CA

1 wk

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 49 to Oct 24, 19 53 that I last saw the  
deceased alive on Oct 24, 19 53, and that death occurred at 3 P m., from the causes and on the date stated above.

23A. SIGNATURE

Nathaniel D. Deek M. D.

23B. ADDRESS

2818 St Paul St

23C. DATE SIGNED

Oct 26-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

BURIAL

24B. DATE

10-27-1953

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HOW JENKINS &amp; SONS Co 4905 York Rd

ADDRESS

DR. N. BECK  
2818 ST PAUL ST

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 9477**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY M. DRURY

2. DATE  
OF  
DEATH

10/23/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

37 Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write TOWNSHIP and give township)

BALTIMORE

22-00

c. Length of stay in Baltimore

LIFE

Yrs.  
Mos.  
Days

O. STREET ADDRESS (If rural, give location)

611 Washington Blvd. 30

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 13, 1896

9. AGE (In years, last birthday)

57

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

home maker

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John T. Drury

14. MOTHER'S MAIDEN NAME

Annie E. Spence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. John T. Drury, 611 Washington Blvd.

18. 603X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Uremia, Acidosis

3-6 mos.

DUE TO

ANTECEDENT CAUSES

(B) UNDET. Kidney Condition

DOE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1953, to 10/23, 1953, that I last saw the deceased alive on 10/23, 1953, and that death occurred at 7:10 pm., from the causes and on the date stated above.

23A. SIGNATURE

Harry B. Scott

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

10/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

OCT 26 1953

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Amoreau

ADDRESS

4510 Liberty Heights Ave.

1912

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R-500  
172586

53 3478

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9478

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Rose Ryan

2. DATE  
OF  
DEATH

10-26-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence  
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR INSTITUTE location)  
Baltimore City Hospitals  
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3520 Hilton Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 22, 1880

9. AGE (In years,  
last birthday)

73

10 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

NURSE

10B. KIND OF BUSINESS OR  
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Joseph A Ryan

14. MOTHER'S MAIDEN NAME

Mary Sweeney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

221-09-2018

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Avenue (records)

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Uremia

DUE TO

1 Month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.Hypertensive Cardiovascular Disease  
Thrombosis, Cerebral Artery15 yrs.  
5 Wks.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22-, 1953, to 10-26-, 1953 that I last saw the  
deceased alive on 10-26-, 1953, and that death occurred at 12:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Harrison

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

10-26-1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/28/53

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEM

24D. LOCATION (City, town, or county)

Baltimore

(State)

Co MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

CHARLES F. EVANS &amp; SON

ADDRESS

05885 118 W. Mt. Royal Ave

VS 150

8000 52

0000 52

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0000 52

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 9479**

1. NAME OF DECEASED (Type or Print) <b>Phelps, Evelyn V.</b>			2. DATE OF DEATH <b>10-25-53</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>University Hospital</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>26-02</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>88</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>4835 Belair Road</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10-5-1865</b>	9. AGE (in years last birthday) <b>88</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John T. Lawson</b>			14. MOTHER'S MAIDEN NAME <b>Evelyn Cobb</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Rose Villepenteaux 3471 Mayfield Ave.</b>		

18. <b>420.0</b> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic heart disease.</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive cardio-vascular disease.</b> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>10-22-53</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

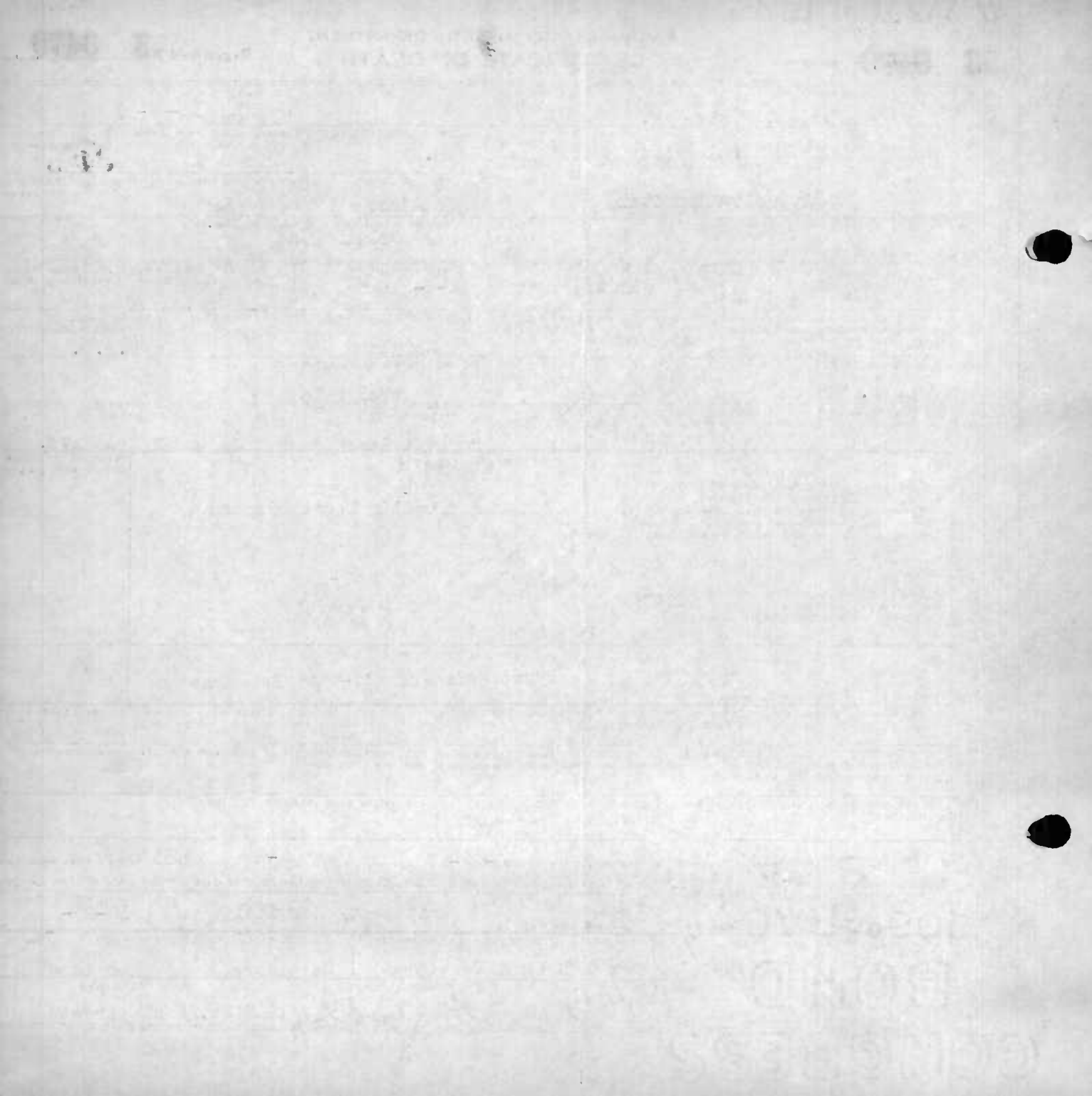
22. I hereby certify that I attended the deceased from **10-22-53**, 19**53**, to **10-25**, 19**53**, that I last saw the deceased alive on **10-25**, 19**53**, and that death occurred at **9:40p** m., from the causes and on the date stated above.

23A. SIGNATURE <i>Joe R. [Signature]</i>	23B. ADDRESS <b>University Hospital</b>	23C. DATE SIGNED <b>10-25-53</b>
---	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>10/29/53</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>		25. FUNERAL DIRECTOR ADDRESS <b>Huntington Williams &amp; Son, Inc., 1217 St. Paul Street</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9480**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EVELYN MAY ALLEN

2. DATE OF DEATH  
October 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

1117 St. Paul Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
1117 St. Paul Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 30, 1913

9. AGE (In years last birthday)

43

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Caretaker10B. KIND OF BUSINESS OR INDUSTRY  
St. Paul Holding Co.

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Edward B. Williamson

14. MOTHER'S MAIDEN NAME

Mary Burford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James G. Allen, 1117 St. Paul Street

18. E970.2

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Barbiturate Intoxication

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
1117 St. Paul Street21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  
Found: 10-24-53 10:40 A.21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?  
ingested overdose of barbiturate22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☒23C. DATE SIGNED  
10-26-5324A. BURIAL, CREMATION, REMOVAL (Specify)  
removal

24B. DATE

10/27/53

24C. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

24D. LOCATION (City, town, or county)

Newport News, Virginia

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1953

1217 St. Paul Street

VS 151

N 971.0

770 74

0012

32

UNITED STATES DEPARTMENT OF DEFENSE

OFFICE OF THE SECRETARY OF DEFENSE

0012

32

1. NAME (Last, First, Middle Initial)		2. GRADE	
3. TITLE		4. POSITION	
5. ADDRESS		6. CITY	
7. STATE		8. ZIP CODE	
9. PHONE NUMBER		10. FAX NUMBER	
11. E-MAIL ADDRESS		12. OTHER CONTACT INFORMATION	
13. DATE OF BIRTH		14. DATE OF DEATH	
15. PLACE OF BIRTH		16. PLACE OF DEATH	
17. OCCUPATION		18. EDUCATION	
19. SERVICE NUMBER		20. SERVICE BRANCH	
21. SERVICE DATES		22. SERVICE RECORD	
23. ACHIEVEMENTS		24. AWARD RECORD	
25. REFERENCES		26. COMMENTS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **53 9481**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Joseph C. Pennyson*

2. DATE  
OF  
DEATH

*10/24/53*  
*9:25 P.M.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

*Male*

6. COLOR OR RACE

*White*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Married*

8. DATE OF BIRTH

*7/29/1873*

9. AGE (In years  
last birthday)

*80*

If Under 1 Year  
Months: Days

If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

*Structural Iron Worker*

10B. KIND OF BUSINESS OR  
INDUSTRY

*Building*

11. BIRTHPLACE (State or foreign country)

*St. Marys Co., Md.*

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

*Joseph M. Pennyson*

14. MOTHER'S MAIDEN NAME

*Alice Shirkley*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

*No*

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

*Esther Pennyson 1209 Patapasco Ave.*

18.

*420.1 I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

*Coronary Thrombosis*

ANTECEDENT CAUSES

(B) DUE TO

*High blood pressure*

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMED

IF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/3 PM*, 19*51*, to *10/23/53*, 19*53* that I last saw the  
deceased alive on *10/17/53*, 19*53* and that death occurred at *7 PM*, from the causes and on the date stated above.

23A. SIGNATURE

*M. J. Shirkley*

23B. ADDRESS

*2225 Linden St.*

23C. DATE SIGNED

*10/24/53*

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

*Burial*

24B. DATE

*10/28/53*

24C. NAME OF CEMETERY OR CREMATORY

*Loudon Park*

24D. LOCATION (City, town, or county)

*Balto. Md.*

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

*OCT 26 1953*

25. FUNERAL DIRECTOR

ADDRESS

*1000 Oak Dr. 1217 St. Paul St.*

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

MAC 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9482  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PAUL D. CAHILL

2. DATE  
OF  
DEATH

Oct. 24, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

4506 Schenley Road.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

4506 Schenley Road.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 16, 1900

9. AGE (In years last birthday)

52

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto. Tinner

10B. KIND OF BUSINESS OR INDUSTRY

Edgewood Arsenal

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

yes

16. SOCIAL SECURITY NO.

1st W. W.

215-14-0122

17. INFORMANT

ADDRESS

Mary S. Cahill 4506 Schenley Road

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute heart condition (?)  
DUE TO Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)

CERTIFICATION APPROVED BY

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953 to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at — m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. McFaul

23B. ADDRESS

1800 N. Charles St

23C. DATE SIGNED

10/26/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Oct 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Fredrick Ave.

DATE RECEIVED BY LOCAL REGISTRAR

OCT 26 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Paul C. Schenley 3615-12 Chestnut Ave.

ADDRESS

8040 30

8040 32

RECEIVED BY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 7526 30  
53 9488BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9483  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

James Morehead

2. DATE OF DEATH  
10-24-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Baltimore City HospitalsC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

4940 Eastern Avenue

D. STREET ADDRESS (If rural, give location)  
3327 Noble Street Zone 24

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
May 11, 18859. AGE (in years last birthday)  
6810 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Paperhanger

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Morehead

14. MOTHER'S MAIDEN NAME  
Mary Taylor15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
no.16. SOCIAL SECURITY NO.  
417-26-692417. INFORMANT ADDRESS  
B.C.H. 4940 Eastern Avenue (records)

18. 450.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Arteriosclerosis

DUE TO

## ANTECEDENT CAUSES

(B) Uremia

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

3 days

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-22-53, 19, to 10-24, 1953, that I last saw the deceased alive on 10-24, 1953, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

10-24-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 26 1953  
VS 150

56524





*Smith* *J-5 Med Exam case* *State Anatomical M. Fee*

**53 9484** **BALTIMORE CITY HEALTH DEPARTMENT** **CERTIFICATE OF DEATH** **Registered 53 9484**

**1. NAME OF DECEASED** (Type or Print) **MARION JOHNSON**

**2. DATE OF DEATH** **OCT 19 1953**

**3. PLACE OF DEATH:**  
**A. Baltimore City, Maryland** *Harriet Lane C.C.T.*  
**B. FULL NAME OF HOSPITAL OR INSTITUTION** **JOHNS HOPKINS HOSPITAL**

**4. USUAL RESIDENCE** (Where deceased lived, if institution; residence before admission)  
**A. STATE** *Md.*  
**C. CITY OR TOWN** *BALTO.*  
**O. STREET ADDRESS** (If rural, give location) *213 N Wolfe St.*

**5. SEX** *female* **6. COLOR OR RACE** *white* **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) *Child*

**8. DATE OF BIRTH** *1904* **9. AGE** (In years last birthday) *49* **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) *Child*

**11. BIRTHPLACE** (State or foreign country) *MD* **12. CITIZEN OF WHAT COUNTRY?** *USA*

**13. FATHER'S NAME** *Paul Johnson* **14. MOTHER'S MAIDEN NAME** *Cornelia*

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown) *No* **16. SOCIAL SECURITY NO.** *490X*

**17. INFORMANT ADDRESS** *JOHNS HOPKINS HOSPITAL*

**18. CAUSE OF DEATH**  
**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Pneumonia, bilateral*  
**ANTECEDENT CAUSES** (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.)  
**CERTIFICATION APPROVED BY** *Joseph A. Jackson*  
**CHIEF OR ASST. MEDICAL EXAMINER**

**19. DATE OF OPERATION** *10-19-1953* **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** *490X* **19C. WHERE DID INJURY OCCUR?** *JOHNS HOPKINS HOSPITAL*

**20. AUTOPSY?** *YES* **21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH** (NOTIFY MEDICAL EXAMINER) *No* **21B. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) *JOHNS HOPKINS HOSPITAL* **21C. WHERE DID INJURY OCCUR?** *JOHNS HOPKINS HOSPITAL*

**21D. TIME** (Month) (Day) (Year) (Hour) (Minute) *10-19-1953 6:40 AM* **21E. INJURY OCCURRED** *WHILE AT WORK* **21F. HOW DID INJURY OCCUR?** *JOHNS HOPKINS HOSPITAL*

**22. I hereby certify that I attended the deceased from** *10-19-1953* **to** *10-19-1953* **that I last saw the deceased alive on** *10-19-1953* **and that death occurred at** *6:40 AM* **from the causes and on the date stated above.**

**23A. SIGNATURE** *Paul Johnson* **23B. ADDRESS** *JOHNS HOPKINS HOSPITAL* **23C. DATE SIGNED** *10/24/53*

**24A. BURIAL, CREMATION, REMOVAL** (Specify) *JOHNS HOPKINS MEDICAL SCHOOL* **24B. DATE** *OCT 23 1953* **24C. NAME OF CEMETERY OR CREMATORY** *JOHNS HOPKINS MEDICAL SCHOOL* **24D. LOCATION** (City, town, or county) (State) *MD*

**DATE RECEIVED BY LOCAL REGISTRAR** *OCT 26 1953* **REGISTRAR'S SIGNATURE** *Huntington Williams, M.D.* **25. FUNERAL DIRECTOR** *Huntington Williams, M.D.* **ADDRESS** *Huntington Williams, M.D.*

1941

1941

1941

1941

1941

1941

53

9485

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53

9485

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LAURA ETHEL HERNE

2. DATE  
OF  
DEATH

Oct. 26. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE Edgewood Nursing Home.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

13 yrs.

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

975 Northhill Rd

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 1. 1887

9. AGE (In years

last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Richard Taylor

14. MOTHER'S MAIDEN NAME

Nellie Dequilo.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr + Mrs Roy, Mayne, P.O. Box. 154.  
Riderwood Md.

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

arterio-sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Senility

(C) DUE TO

Premature aging

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

Senility

did not contribute to death

19A. DATE OF OPERATION

none

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6:00 1951, to October 24, 1953, that I last saw the  
deceased alive on 24 Oct, 1953, and that death occurred at 2A m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Street

M. D.

23B. ADDRESS

712 Park Ave

23C. DATE SIGNED

26 Oct 1953

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

Oct. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Henry Sander & Sons, Inc.,  
Baltimore Md.

ADDRESS

Sear &amp; Sander



M-600  
53 9486  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 53 9486

1. NAME OF DECEASED (Type or Print) <b>CHARLES (NMI) MOORE</b>		2. DATE OF DEATH <b>OCTOBER 25, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>VA HOSPITAL</b> <b>3900 Loch Raven Blvd., Balto. 18, Md.</b> <b>SINCE 9/17/53</b> C. Length of stay in Baltimore Yrs. Mos. Days <b>MALE</b> <b>NEGRO</b> <b>DIVORCED</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>WEST VIRGINIA</b> B. COUNTY <b>SUMMERS</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>HINTON</b> D. STREET ADDRESS (If rural, give location) <b>114 4TH AVENUE</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>		8. DATE OF BIRTH <b>8/14/94</b>	
9. AGE (In years last birthday) <b>59</b>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>LABORING</b>	
11. BIRTHPLACE (State or foreign country) <b>STAUNTON, VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>HOWARD MOORE</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b> <b>10/27/17 - 8/19/19</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS, BALTO. 18, MD</b>		ADDRESS <b>VA HOSPITAL RECORDS, BALTO. 18, MD</b>	
18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>TUBERCULOUS MENINGITIS</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>PULMONARY TUBERCULOSIS</b> DUE TO <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b> <b>UNKNOWN</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>Sept. 17, 1953</b> to <b>Oct. 25, 1953</b> , and that death occurred at <b>8:10 a. m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>JOHN T. KALISH Jr. John T. Kalish M. D.</b>		23B. ADDRESS <b>VA HOSPITAL, BALTO 18, MD</b>	
23C. DATE SIGNED <b>Oct. 26, 1953</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>10/28/53</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Baptist Hinton W. Va.</b>		24D. LOCATION (City, town, or county) (State) <b>Charles R. Law, 801 Mad. Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 26 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
VS 150		97099	





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 9487  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EARL CLINTON FULLER

2. DATE OF DEATH  
October 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Pennsylvania

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Philadelphia

D. STREET ADDRESS (If rural, give location)

1306 Waverly Street

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

38-1

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

W

16. SOCIAL SECURITY NO.

17. INFORMANT

N

ADDRESS

18. E936.5 N

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of head and chest

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Guilford Avenue and Bath Street 4/1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Oct. 4, 1953 7:30 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found lying on pavement

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

*R. F. Fisher*

M.D.

23B. CHIEF MEDICAL EXAMINER ☒

ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

Oct. 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL

OCT 1953

DATE RECEIVED BY LOCAL REGISTRAR

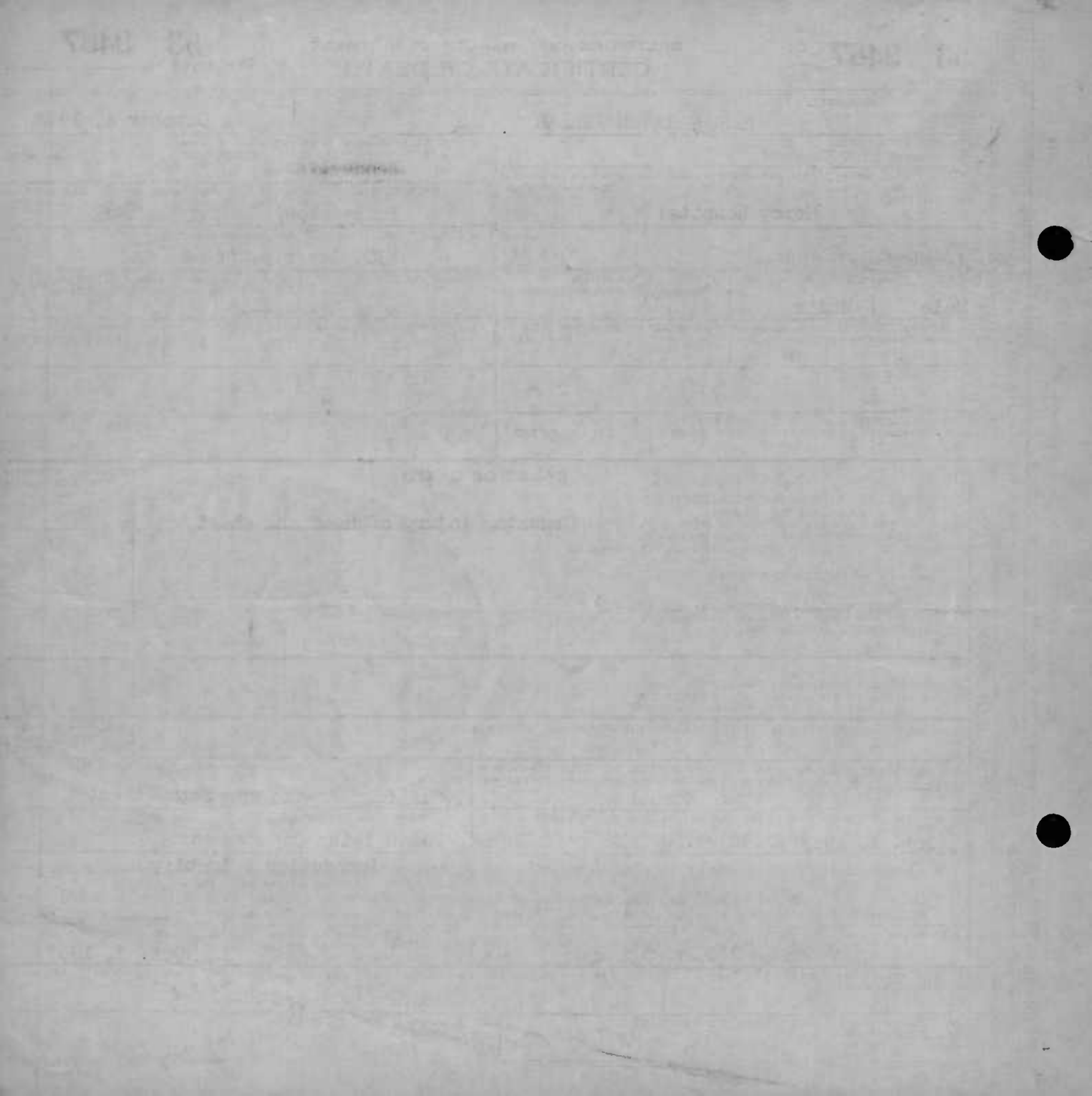
REGISTRAR'S SIGNATURE

*Huntington Williams, M.D.*

25. FUNERAL DIRECTOR

*Huntington Williams, M.D.*

ADDRESS



53 9488

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9488  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ARGO VINSON		Oct. 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				A. STATE	
Baltimore City Hospitals				Maryland	
C. Length of stay in Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days				Baltimore 3-02	
D. STREET ADDRESS (If rural, give location)				1161 E. Lombard Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
Male	Colored		U	63	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
N				K	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
N		O			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
W				N	
18. 002X I CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Pulmonary tuberculosis	
DUE TO					
ANTECEDENT CAUSES				(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO	
				(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Min.)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
Joseph A. Jackson		M.D. ASSISTANT MEDICAL EXAMINER		Oct. 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				UNIVERSITY MEDICAL SCHOOL OCT. 23, 1953	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
OCT 27 1953		Huntington Williams		Huntington Williams, M.D.	

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UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **53 9489**BIRTH NO. **53 9489**

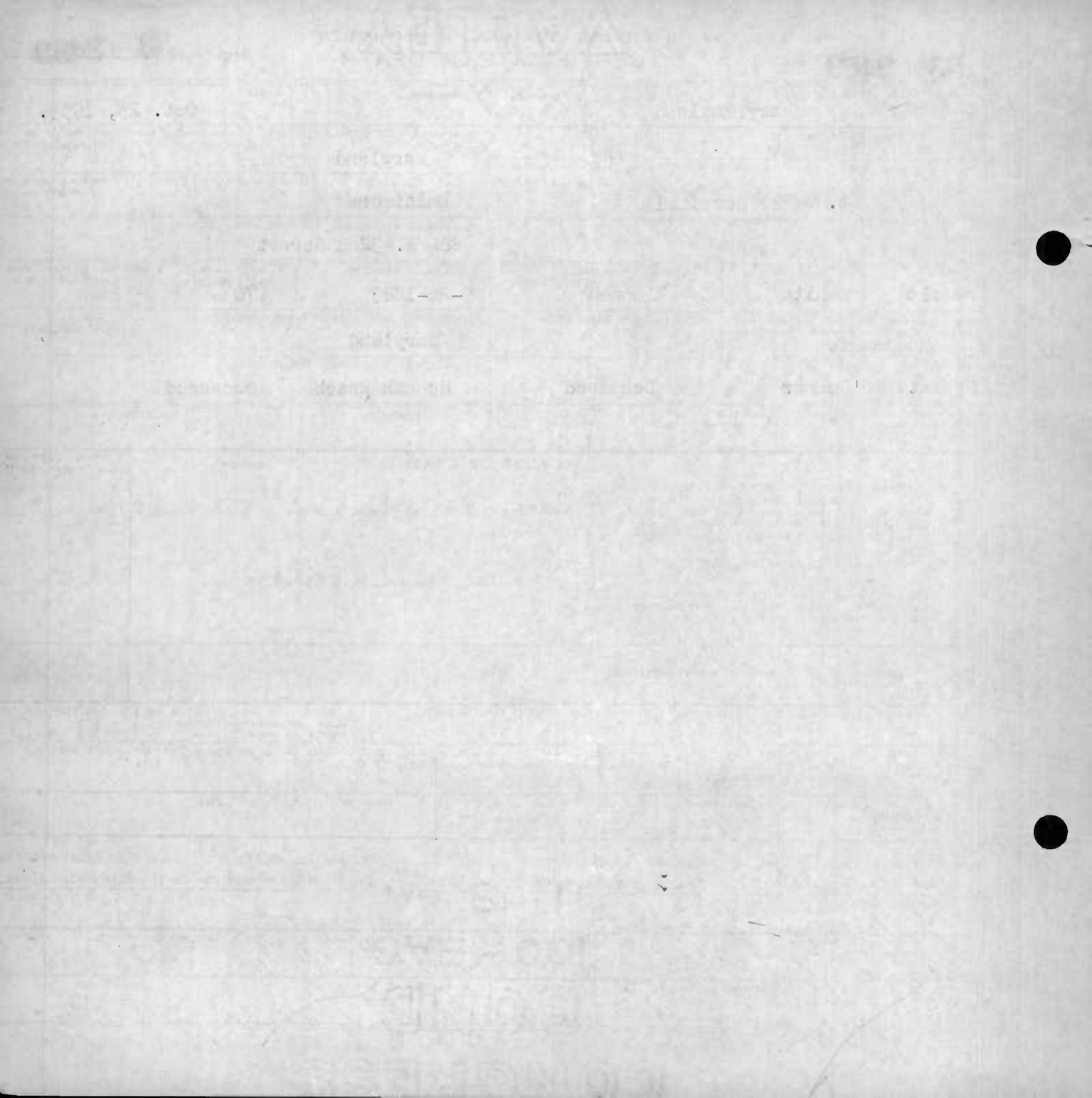
1. NAME OF DECEASED (Type or Print) <b>Mary Angland</b>			2. DATE OF DEATH <b>Oct. 25, 1953.</b>		
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>40 St. Agnes Hospital</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-05</b>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>804 W. 32nd Street</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-26-1883</b>	9. AGE (In years, last birthday) <b>70</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Martin O'Connor Deceased</b>			14. MOTHER'S MAIDEN NAME <b>Hannah Roach Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <b>157X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma Head of Pancreas</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>August 1953</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Diffuse Carcinomatosis</b> DUE TO		<b>Oct. 20, 1953</b>
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <b>0</b>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **August 12, 1953**, to **October 25, 1953**, that I last saw the deceased alive on **Oct 25, 1953**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. Martin M. Adelman</b>		23b. ADDRESS <b>St. Agnes Hospital</b>		23c. DATE SIGNED <b>10/26/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>Oct 29/53</b>	<b>New Cathedral</b>		<b>St. Andrew &amp; St. Mary</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Thurston E. Donovan - 3818 Roland Ave</b>	





53 9490

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9490

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

BERTHA DATKYN

2. DATE  
OF  
DEATH

10/26/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)A. STATE  
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

42 Sinai Hospt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Balto.

15-11

C. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

O. STREET ADDRESS (If rural, give location)

3519 LYNCHES RD

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 30, 1890

9. AGE (In years,  
last birthday)

62

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NATHAN CIRULNICK

14. MOTHER'S MAIDEN NAME

ESSIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MORRIS DATKYN - 3519 LYNCHES RD

18. 331X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

## ANTECEDENT CAUSES

(B)

Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to Oct. 26, 1953, that I last saw the  
deceased alive on Oct. 26, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sidon L. Levy

M. O.

23B. ADDRESS

2502 Eutaw Place

23C. DATE SIGNED

10-26-53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/28/1953

24C. NAME OF CEMETERY OR CREMATORY

Southern Cove

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

OCT 27 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2100 Eutaw Pl.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 9491**

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

**SHAWKER, William E.**

2. DATE OF DEATH **10-26-53**  
Where deceased lived, If institution: residence before admission)  
A. STATE **Ma**  
B. COUNTY

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

**38 UNIVERSITY**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE **Ma**  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
**Balto 19-23**

D. STREET ADDRESS (If rural, give location)  
**342 S Woodmen St.**

c. Length of stay in Baltimore **29**

5. SEX

**MALE**

6. COLOR OR RACE

**White**

7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify)  
**DIVORCED**

8. DATE OF BIRTH

**1-18-1914**

9. AGE (In years, last birthday) **41**  
If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Chauffeur**

10B. KIND OF BUSINESS OR INDUSTRY

**none**

11. BIRTHPLACE (State or foreign country)

**Balto**

12. CITIZEN OF WHAT COUNTRY?

**U.S.A.**

13. FATHER'S NAME

**Charles E. Shawker**

14. MOTHER'S MAIDEN NAME

**Lda M. Moran**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

**12-43 1945**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Father**

ADDRESS

**342 S Woodmen**

18. **156.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Hepatic comma, cirrhosis liver; hypoglycemia**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **congestive heart failure**  
DUE TO **Anemia,**  
(C) **R.O. Carcinoma liver**

INTERVAL BETWEEN ONSET AND DEATH

**unk**

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give street address)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-26**, 19**53** to **10-26**, 19**53**; that I last saw the deceased alive on **10-26**, 19**53**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

**R. Felipe Gonzalez**

M. D.

23B. ADDRESS

**Winnemuth Hospital**

23C. DATE SIGNED

**10-26-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

24B. DATE

**Oct 28, 1953**

24C. NAME OF CEMETERY OR CREMATORY

**Balto National**

24D. LOCATION (City, town, or county)

**Balto Md**

(State)

DATE RECEIVED BY LOCAL REGISTRAR

**OCT 27 1953**

REGISTRAR'S SIGNATURE

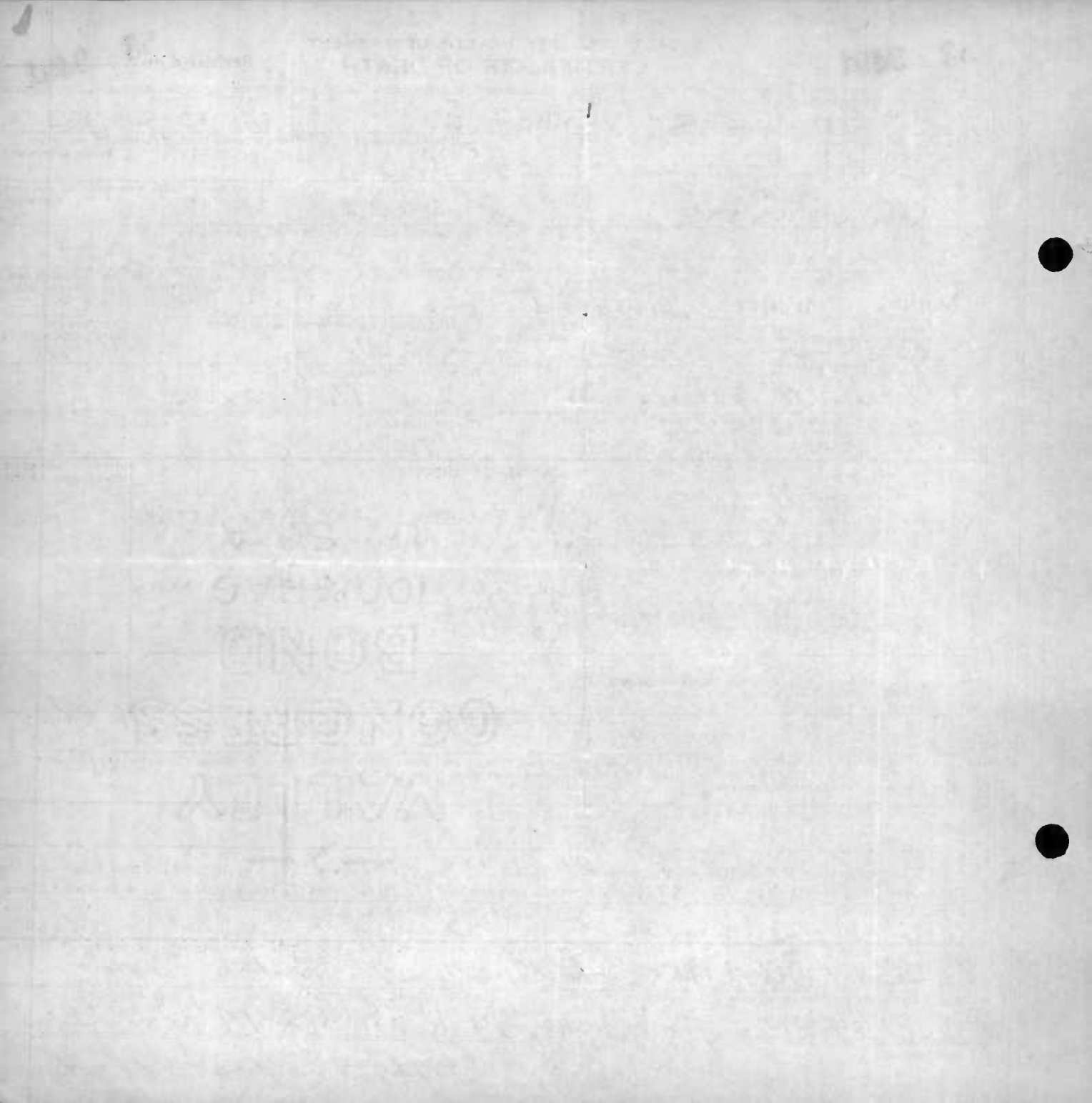
**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

**Wm. B. M. Walters**

ADDRESS

**68299 Pratt & Stricker**



M-620

53 9492

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9492  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Catherine Myers</b>			2. DATE OF DEATH <b>Oct. 25, 1953</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>A. A. Co.</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore A. A. Co.</b>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>9 Old Annapolis Road</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>1918</b>	9. AGE (In years last birthday) <b>35</b>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>operator</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Est. Ven. Blind</b>		
11. BIRTHPLACE (State or foreign country) <b>W. Va.</b>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>Lee J. Cockran</b>			14. MOTHER'S MAIDEN NAME <b>Mary Perkins</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>James E. Cockran, Salem, W. Va.</b>			ADDRESS		

18. <b>E812.4 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <b>Fracture of skull</b> DUE TO <b>Subdural and Subarachnoid hemorrhage</b> <b>Contusions of the brain</b>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Multiple Abrasions and contusions of face</b> DUE TO <b>Compound fractures of left leg</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Old Annapolis Road at Nursery Lane</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>October 25, 1953 2:30A m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. B. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Oct. 26, 1953</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>11/28/53</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Howard H. Hubbard, 2503 Edmondson Av.</b>	





N-460

53 9493

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

53 9493

Registered No.

1. NAME OF DECEASED (Type or Print) <b>JAMES DONALD WHEELER</b>				2. DATE OF DEATH <b>10-24-53</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNION MEMORIAL HOSPITAL</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>WHITE HALL 5300</b>			
C. Length of stay in Baltimore <b>5 days</b>				D. STREET ADDRESS (If rural, give location)			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT 4, 1915</b>		9. AGE (in years, last birthday) <b>38</b>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>WILLIAM R. WHEELER</b>				14. MOTHER'S MAIDEN NAME <b>LYDIE BLACK</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <b>YES WW II</b>			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Wm. Ross Wheeler 1320 E. Belvedere Ave.</b>		
18. <b>E912.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBRAL CONCUSSION</b> (A) DUE TO <b>TRAUMA</b> (B) DUE TO <b>Joseph A. Jachimczyk M.D.</b> (C) CHIEF OR ASST. MEDICAL EXAMINER				INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>FRACTURE JUNCTION TEMPORAL FOSSA + ORBITAL RIDGE</b>							
19A. DATE OF OPERATION <b>10-20-53</b>		19B. MAJOR FINDINGS OF OPERATION <b>TREPHINES &amp; BRAIN EDEMA</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>WHITE HALL 5300</b>			
TIME (Month) (Day) (Year) (Hour) <b>OCT. 19 '53 3P</b>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>FALL FROM TRACTOR.</b>			
22. I hereby certify that I attended the deceased from <b>19 OCT 1953</b> to <b>24 OCT 1953</b> , that I last saw the deceased alive on <b>24 OCT 1953</b> , and that death occurred at <b>11:04 P</b> m., from the causes and on the date stated above.							
23A. SIGNATURE <b>Wm. Jachimczyk</b>				23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24B. DATE <b>Oct. 27, 1953</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 27 1953</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Wm. O. Mitchell</b>		ADDRESS <b>1900 Eutaw Place</b>	

1000 52

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **53 9494**

**53 9494**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Clara V. Tyler</b>		2. DATE OF DEATH <b>Oct. 25, 1953</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Cecil Apts. Eutaw Place &amp; Dolphin St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
c. Length of stay in Baltimore <b>75 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>Cecil Apts. Eutaw Place &amp; Dolphin St.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Oct. 19, 1863</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>90</b>
13. FATHER'S NAME <b>Charles Tyler</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Co. Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Sarah Hooper</b>	
17. INFORMANT <b>Mrs. Edith T. Marshall</b>		ADDRESS <b>1501 Park Ave.</b>	

18. <b>447X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Vascular Disease</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <b>0</b>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>October 23, 1953</b> , to <b>October 25, 1953</b> , that I last saw the deceased alive on <b>October 24, 1953</b> , and that death occurred at <b>2:00 p. m.</b> , from the causes and on the date stated above.		
23A. SIGNATURE <b>Newland Edward Day</b>	23B. ADDRESS <b>4 E. 33 St.</b>	23C. DATE SIGNED <b>10/26/53</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Oct. 27, 1953</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge</b>
24D. LOCATION (City, town, or county) (State) <b>Pikesville, Md.</b>	25. FUNERAL DIRECTOR <b>Huntington Williams, N. John, O. Mitchell Sons</b>	
26. ADDRESS <b>1900 Eutaw Place</b>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE BUREAU

VALLEY

100-100-100

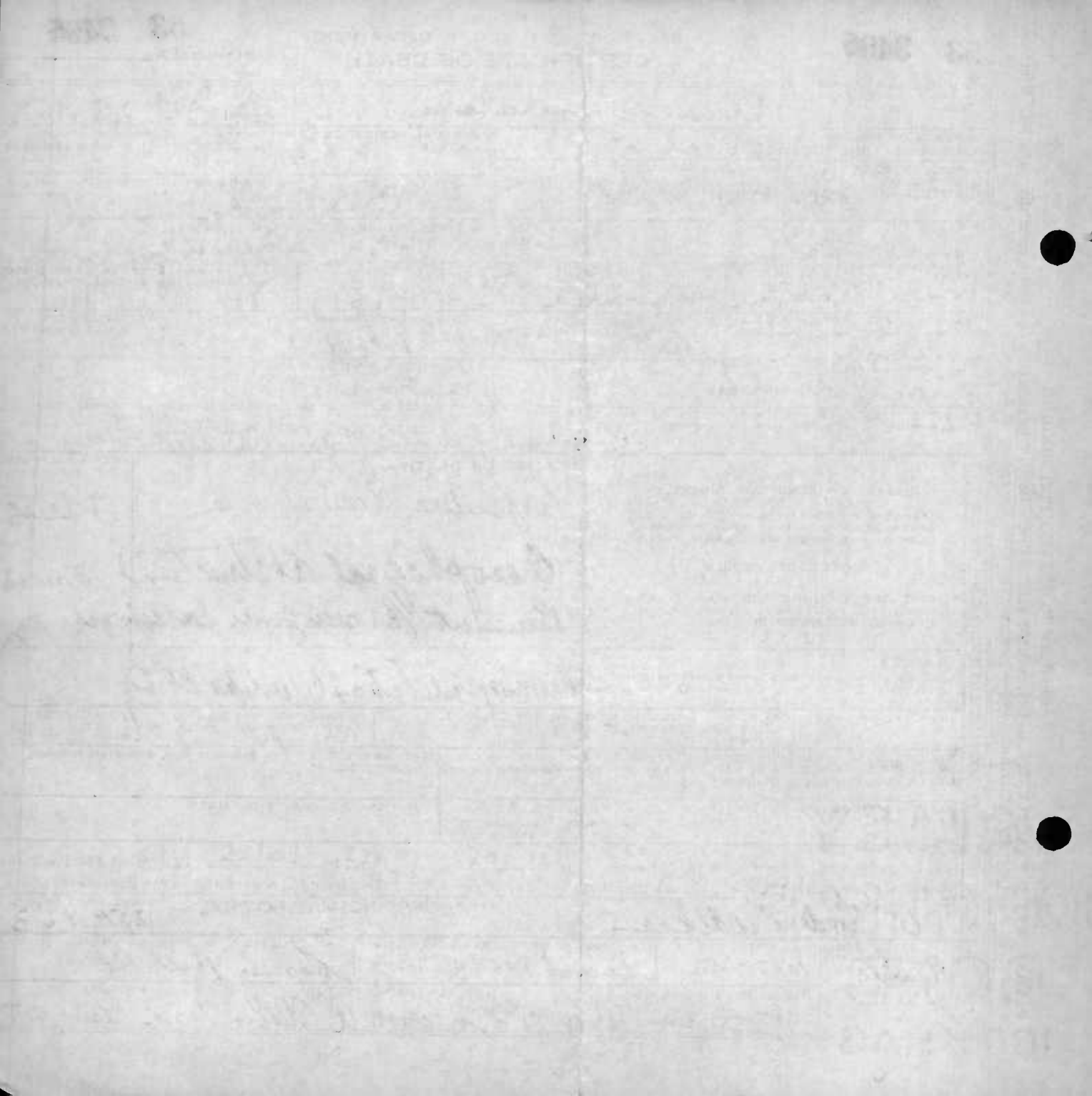
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9495  
Registered No. \_\_\_\_\_

BIRTH NO. 53 9495		1. NAME OF DECEASED (Type or Print) <i>Adam Jednoralski</i>		2. DATE OF DEATH <i>Oct 25, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Del 6</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-03</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>1604 Shakespeare St.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>2-10-1879</i>	9. AGE (In years last birthday) <i>74</i>	Under 1 Year Months: _____ Days: _____ Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Janitor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Martins</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>		13. FATHER'S NAME <i>Joseph Jednoralski</i>		14. MOTHER'S MAIDEN NAME <i>Justyna</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>216-01-4623</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aspiration Pneumonia</i>		CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Esophageal Abstruction</i>		DUE TO _____		DUE TO _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Thrombophlebitis &amp; Cellulitis Rt Leg</i>		DUE TO _____		DUE TO _____	
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>10/9</i> , 19 <i>53</i> , to <i>10/25</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>10/25</i> , 19 <i>53</i> , and that death occurred at <i>6:55 P.M.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>W. Gordon Walker</i>	
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>25 Oct 53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	
24B. DATE <i>10/28/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart of Mary</i>		24D. LOCATION (City, town, or county) (State) <i>German Hall Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>001 27 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>George B. Weber</i>	
ADDRESS <i>735 S Ann St</i>		VS 150		770-3T	





53 9496

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Harry S. Albert Roehl

2. DATE  
OF  
DEATH

Oct, 25th, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 318 S. Collington Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

At Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 31,

D. STREET ADDRESS (If rural, give location)

318 S. Collington Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/9/04

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months: Days

5 21

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Forman

10B. KIND OF BUSINESS OR  
INDUSTRY

Panzer Packing Co., Inc., Beloit, Wis.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Roehl

14. MOTHER'S MAIDEN NAME

Anna Pubzeen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

218-01-6995

17. INFORMANT

ADDRESS

Bertha A. Roehl 318 S. Collington Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

CORONARY THROMBOSIS

ONE HOUR

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1953, to Oct. 25, 1953, that I last saw the  
deceased alive on Oct. 25, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

10/26/53

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/28/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Road

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



S-363

53 9497

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9497

1. NAME OF DECEASED (Type or Print) <b>MR. SAMUEL STREETT</b>		2. DATE OF DEATH <b>10/27/53</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Harford</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hospital</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Garrettsville 6200</b>	
c. Length of stay in Baltimore <b>4 - Mos. 19 - Days</b>		d. STREET ADDRESS (If rural, give location)	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 4, 1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>	9. AGE (In years last birthday) <b>85</b> If Under 1 Year: Months <b>7</b> Days <b>19</b> If Under 24 Hours: Hours <b>19</b> Min.
13. FATHER'S NAME <b>Samuel Streett</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <b>Ellen Mary Miller</b>	
17. INFORMANT <b>Mrs. Virginia Garrett</b>		ADDRESS <b>Garrettsville 5000</b>	
18. <b>1977</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Undetermined type of malignant tumor involving the sigmoid colon.</b>		CAUSE OF DEATH (A) <b>Undetermined type of malignant tumor involving the sigmoid colon.</b> (B) <b>Carcinoma of prostate</b> (C)	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNOER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 23, 1953</b> to <b>Oct. 27, 1953</b> that I last saw the deceased alive on <b>Oct 27, 1953</b> , and that death occurred at <b>2:30 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. M. Brown</b>		23b. ADDRESS <b>Union Memorial Hosp.</b>	
23c. DATE SIGNED <b>10/27/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 30-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bethel</b>		24d. LOCATION (City, town, or county) (State) <b>Madonias Harford Co Md</b>	
OCT 27 1953 LOCAL REGISTRAR <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Charles E. Furry</b>	
VS 150		ADDRESS <b>Garrettsville Md</b>	

MEDICAL CERTIFICATION

100

100



53 9498

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH53 9498  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LeRoy Harrison

2. DATE  
OF  
DEATH October 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2604 Ken Oak Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2604 Ken Oak Road

c. Length of stay in Baltimore

65 years

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 23, 1881

9. AGE (In years,  
last birthday)

72

If Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Hardware Estimator

10B. KIND OF BUSINESS OR  
INDUSTRY

Buildings

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

Josiah Harrison

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Burnham

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

212-01-1384

17. INFORMANT

Mrs. Blanche V. Harrison 2604 Ken Oak Rd.

ADDRESS

18. 421.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

(A) Endocarditis &amp; Myocarditis

3 yrs

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertension

1 day

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION  
WAS PERFORMEDIF OPERATION WAS RELATED TO  
CAUSE OF DEATH, ENTER IN  
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐  
OR CONTRIBUTING ☐ CAUSE OF  
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1950 to Oct. 23, 1953, that I last saw the  
deceased alive on Oct. 22, 1953, and that death occurred at 11.15 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Oct. 27, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Hampden

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Hillside, Md.

Burge Funeral Home 3631 Falls Road

Horace F. Burgee

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 9489	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO. 53 9489				2. DATE OF DEATH Oct. 23-1953	
1. NAME OF DECEASED (Type or Print) Mack Tinsley					
3. PLACE OF DEATH: A. Baltimore City, Maryland aec. Rm.				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) Md. Baltimore 7-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 916 Rutland Ave.	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 4 ?	9. AGE (In years last birthday) Approx 68	10. Under 1 Year Months: Days
A. USUAL OCCUPATION (Give kind of work, one during most of adult life, even if retired) Elevator Operator			11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Bryant			14. MOTHER'S MAIDEN NAME Annie Tinsley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS JOHNS HOPKINS HOSPITAL		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) Obstructive Emphysema					
ANTECEDENT CAUSES					
(B) Asthma					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) No		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1934 to 1953 that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 11:59 A.M., from the causes and on the date stated above.					
23A. SIGNATURE G. L. Alexander			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED Oct 23, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/28/53		24C. NAME OF CEMETERY OR CREMATORY Clark's Chapel M.E. Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR OCT 27 1953		REGISTRAR'S SIGNATURE		ADDRESS	

NOT A MEDICAL EXAMINER'S CASE

Joseph R. Jackson Efk  
M.D.  
CHIEF OR ASST. MEDICAL EXAMINER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-160  
53 9500BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 53 9500

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)F.  
William Neubauer2. DATE  
OF  
DEATH

Oct. 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE  
B. COUNTY before admission)

Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (not in hospital or institution, give street address or  
location)

1814 W. Lafayette Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1814 W. Lafayette Ave. W.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single

8. DATE OF BIRTH

Aug. 28, 1886

9. AGE (In years  
last birthday)

67

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

woodworker (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John T. Neubauer

14. MOTHER'S MAIDEN NAME

Caroline Schulze

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
no17. INFORMANT ADDRESS  
Mrs. Geo. W. Becher-1814 W. Lafayette Ave

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. Fisher*23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED  
Oct. 26, 195324A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

10/28/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OCT 27 1953

*Huntington Williams, M.D. & Son, J. Lickens & Sons*

VS 151

57024

Balto 17.

0060

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